

# DUI, ALCOHOL OR DRUG USE RISK REDUCTION PROGRAM

## OPERATIONS GUIDELINES



**2206 East View Parkway  
P.O. Box 80447  
Conyers, Georgia 30013**

*Revised October 2006*

[www.dds.ga.gov](http://www.dds.ga.gov)

# TABLE OF CONTENTS

<b>Introduction / Driver's License and Legal Issues.....</b>	<b>Page 1</b>
<b>Staff and Service Directory.....</b>	<b>Page 2</b>
<b>Important Addresses and Telephone Numbers.....</b>	<b>Page 3</b>
<b>Staff Policy.....</b>	<b>Page 4</b>
<b>Mission and Purpose.....</b>	<b>Page 5</b>
<b>Overview.....</b>	<b>Page 6-7</b>
<b>Program Fees.....</b>	<b>Page 7</b>
<b>Useful Information</b> <i>(for individuals planning to attend the RRP)</i> .....	<b>Page 8</b>
<b>SECTION 1: Assessment Component.....</b>	<b>Page 9</b>
<b>SECTION 2: Intervention Component.....</b>	<b>Page 13</b>
<b>SECTION 3: Multiple DUI Offender Program.....</b>	<b>Page 17</b>
<b>SECTION 4: Program Records.....</b>	<b>Page 19</b>
<b>SECTION 5: Confidentiality.....</b>	<b>Page 23</b>
<b>SECTION 6: Program and Facility Requirements.....</b>	<b>Page 24</b>
<b>SECTION 7: Program Certification.....</b>	<b>Page 27</b>
<b>SECTION 8: Director Recertification.....</b>	<b>Page 28</b>
<b>SECTION 9: Instructor Certification.....</b>	<b>Page 28</b>
<b>SECTION 10: Instructor Recertification.....</b>	<b>Page 29</b>
<b>SECTION 11: Waivers.....</b>	<b>Page 30</b>
<b>EXHIBITS 1 – 25.....</b>	<b>Page 33</b>

# **EXHIBITS**

<b>Exhibit #1 – All Clients Important Information.....</b>	<b>Page 33</b>
<b>Exhibit #2 – Assessment Contract.....</b>	<b>Page 34</b>
<b>Exhibit #3 – NEEDS Survey Answer Sheet.....</b>	<b>Page 35-36</b>
<b>Exhibit #4 – Offense Codes.....</b>	<b>Page 37</b>
<b>Exhibit #5 – County Codes.....</b>	<b>Page 38</b>
<b>Exhibit #6 – NEEDS Transfer to Risk Reduction Program.....</b>	<b>Page 39</b>
<b>Exhibit #7 – PRIME For Life Syllabus (Version 7.1b).....</b>	<b>Page 40-43</b>
<b>Exhibit #8 – Quarterly Class Schedule Form.....</b>	<b>Page 44</b>
<b>Exhibit #9 – Intervention Contract.....</b>	<b>Page 45</b>
<b>Exhibit #10 – Class Roll Form.....</b>	<b>Page 46</b>
<b>Exhibit #11 – Alcohol &amp; Drug Help List Guidelines.....</b>	<b>Page 47</b>
<b>Exhibit #12 – Release of Information to “Clinical Evaluator” .....</b>	<b>Page 48</b>
<b>Exhibit #13 – NEEDS Transfer to Clinical Evaluator.....</b>	<b>Page 49</b>
<b>Exhibit #14 – Assessment Roster.....</b>	<b>Page 50-51</b>
<b>Exhibit #15 – Class Roster.....</b>	<b>Page 52</b>
<b>Exhibit #16 – Certificate of Completion.....</b>	<b>Page 53</b>
<b>Exhibit #17 – Certificates of Completion “Requisition Form”.....</b>	<b>Page 54</b>
<b>Exhibit #18 – Certificate of Completion “Transmittal Form”.....</b>	<b>Page 55</b>
<b>Exhibit #19 – Replacement Certificate of Completion.....</b>	<b>Page 56</b>
<b>Exhibit #20 – Employee Confidentiality Statement.....</b>	<b>Page 57</b>
<b>Exhibit #21 – Employee Orientation Statement.....</b>	<b>Page 58</b>
<b>Exhibit #22 – “General” Release of Information.....</b>	<b>Page 59</b>
<b>Exhibit #23 – Release of Information to “Probation Officer”.....</b>	<b>Page 60</b>
<b>Exhibit #24 – Director Recertification Application.....</b>	<b>Page 61-63</b>
<b>Exhibit #25 – Instructor Recertification Application.....</b>	<b>Page 64-66</b>

# INTRODUCTION

Successful completion of the DUI Alcohol or Drug Use Risk Reduction Program (RRP) is a requirement for eligibility for reinstatement of a driver's license if a driver has been convicted of Driving Under the Influence (DUI), possession of illegal drugs, underage possession of alcohol while driving a motor vehicle, or Boating Under the Influence (BUI). A driver's license, which is suspended or revoked as a result of a conviction for any of the above charges, will remain suspended until the offender successfully completes the requirements of the Risk Reduction Program. Offenders with two or more DUI offenses within a five-year period must undergo a Clinical Evaluation and if indicated complete a Substance Abuse Treatment Program. While the majority of students attending the Risk Reduction Program will be mandated to attend as a condition for license reinstatement, there will also be court ordered and self-referred participants in the program.

Requirements for completion of the RRP are found in Title 40, Chapter 5 of the Official Code of Georgia Annotated. The DUI Alcohol or Drug Use Risk Reduction Program is composed of two parts: Assessment Component and the Intervention Component.

Certified Risk Reduction Programs are governed by DHR rules Chapter 290-4-10 and adopted by the Georgia Department of Driver Services (DDS) effective July 1, 2005. This information has been prepared to assist Programs in the day-to-day operation of a DUI Alcohol or Drug Use Risk Reduction Program. The guidelines will be updated periodically by revising relevant pages. **Programs must maintain an up-to-date manual and a copy of the DUI Rules and Regulations in the Program office at all times.** All memos distributed by the Risk Reduction Program, which explain or clarify rules or operations guidelines, must be maintained as part of the operations guidelines. **It is suggested that Operations Guidelines, Rules, and all memos be kept together in a binder in the program office.**

The Department expects all programs to follow the Rules and Operations Guidelines. In unusual situations, where a sudden or unforeseen occurrence makes it appear that strict compliance with the Rules and/or Operations Guidelines is impossible or impractical, a program may contact the Risk Reduction Program staff and request technical advice in dealing with the situation. Please note that **this policy contemplates a one-time, non-recurring instance** when there is a need for immediate assistance or clarification. Risk Reduction staff cannot approve exceptions that violate the law or constitute substantial variance from the Rules or Guidelines. Technical advice may be issued in unusual circumstances, and only in WRITING. Make sure you annotate what DDS staff person was contacted.

# **THE RISK REDUCTION PROGRAM**

## **CONTACT AND SERVICE DIRECTORY**

The DUI, Alcohol or Drug Use Risk Reduction Program State office staff is committed to providing responsive service to all program providers, instructors and the citizens of Georgia. The address is:

**Georgia Department of Driver Services  
Regulatory Compliance Division  
2206 East View Parkway/P.O. Box 80447  
Conyers, Georgia 30013.**

Risk Reduction Program providers should not call the **Department of Driver Services (DDS)** on the student's behalf regarding driver's license issues. Students should call **DDS** at **(678) 413-8400** for questions regarding the status of their driver's license.

Risk Reduction Program providers should not advise students that the RRP certificate will reinstate their driver's license. The student may have other charges on the driving record unknown to program staff.

Risk Reduction Program providers should not attempt to interpret Georgia law or give legal advice to students. The laws are complicated and are subject to change yearly.

The staff is available to assist you at the numbers listed below or by fax at **(678) 413-8736**. Regular business hours are 8:30 a.m. to 5:00 p.m., Monday through Friday.

<b><u>STAFF NAME</u></b>	<b><u>POSITION</u></b>	<b><u>E-MAIL</u></b>	<b><u>PHONE</u></b>
Maria Dorough	Director, Regulatory Compliance Division	<a href="mailto:mdorough@dds.ga.gov">mdorough@dds.ga.gov</a>	678-413-8745
Susan Sisk	Program Director, DUI Risk Reduction, Defensive Driving, & Ignition Interlock	<a href="mailto:ssisk@dds.ga.gov">ssisk@dds.ga.gov</a>	678-413-8752
Rowena Conley	DUI Program Coordinator	<a href="mailto:rconley@dds.ga.gov">rconley@dds.ga.gov</a>	678-413-8507
Nancy Glaze	Compliance Analyst Status of Applications, Assessment Transfers, Rebates	<a href="mailto:nglaze@dds.ga.gov">nglaze@dds.ga.gov</a>	678-413-8732
Lynne Swaney	Operations Analyst Application Information	<a href="mailto:lswaney@dds.ga.gov">lswaney@dds.ga.gov</a>	678-413-8859

# **IMPORTANT ADDRESSES & PHONE NUMBERS**

## **Rebate Fee Payments**

Department of Driver Services

***Accounting Manager***

2206 East View Parkway

Conyers, Georgia 30013

\* Mail monthly Assessment Roster and rebate check/money order to the above address; do not mail copies

## **ADE, Inc. - Assessment**

ADE, Inc.

***Ron Keller or Jim Haggerty***

Post Office Box 660

Clarkston, MI 48347

**Phone** - 800-334-1918

**FAX** - 248-625-1839

**Email:** supportga@adeincorp.com

## **Prevention Research Institute, Inc. - Curriculum**

Prevention Research Institute, Inc.

***Ray Daugherty***

841 Corporate Drive, Suite 300

Lexington, KY 40503

### **Customer Service Inquiries**

**Jill Crouch:** 800-922-9489

859-296-5042

**FAX:** 859-223-5320

### **Curriculum Technology Issues**

**Mike O'Bryan:** 859-296-5050

### **Georgia Services**

**Ejna Mitchell:** 877-731-3841

## **MULTIPLE OFFENDER PROGRAM**

Georgia Department of Human Resources

DUI Multiple Offender Program

2 Peachtree Street, NE, 22<sup>nd</sup> Floor

Atlanta, Georgia 30303

**Scott Dunbar:** 404 -463 -4274

# STAFF POLICY

**On occasion, monitors have discovered apparent rule violations, and have been told by a program owner, director, instructor or office staff person that; “Our compliance analyst told us we could do that.” Therefore, this is to clarify our policy on technical advice regarding the Rules and Guidelines.**

The Department expects all programs to follow the Rules and Operations Guidelines. In unusual situations, where a sudden or unforeseen occurrence makes it appear that strict compliance with the Rules and/or Operations Guidelines is impossible or impractical, a program may contact the Risk Reduction Program staff and request technical advice in dealing with the situation. Please note that **this policy contemplates a one-time, non-recurring instance** when there is a need for immediate assistance or clarification. Risk Reduction staff cannot approve exceptions that violate the law or constitute substantial variance from the Rules or Guidelines. Technical advice may be issued in unusual circumstances, and only in WRITING. If you are cited for a violation and you were advised by DDS that the matter in question was acceptable, the compliance analyst would expect you to produce written documentation from a DDS staff person.

This means that if you believe you have received technical advice from a Risk Reduction Program staff member approving what could appear to be a minor exception from the Rules or Guidelines, you should be sure that you secure WRITTEN verification of that technical advice within five (5) working days, and that you place that verification with the affected records. Do not confuse this with the Waiver Procedure, discussed in Section 11 of these Guidelines.

Our staff has regular meetings and communication with each other to ensure that consistent information is being given to the field regarding policy matters.

As of July 1, 2001, programs are required to use the NEEDS assessment instrument and the Prime for Life Curriculum as designated by the Department. Each of these vendors has policies regarding the use of their copyrighted products. Programs must deal with each of the vendors regarding orders and the policies of that particular organization.

# **DUI, ALCOHOL OR DRUG USE RISK REDUCTION PROGRAM**

## **MISSION**

To improve public health and promote greater safety on the highways and streets of Georgia. The Risk Reduction Program will help change attitudes and behaviors involving the use of alcohol and other drugs.

## **PURPOSE**

*As defined by the Official Code of Georgia*

To improve and promote greater safety upon the highways and streets of this state; to improve the attitude and driving habits of drivers who accumulate traffic accident and motor vehicle conviction records; and to provide uniform DUI, Alcohol or Drug Use Risk Reduction Programs for the rehabilitation of persons identified as reckless or negligent drivers and frequent violators.

# OVERVIEW OF THE RISK REDUCTION PROGRAM

## Assessment Component

Assessment is the first step in the intervention process. It is a self-administered survey, which is computer scored and analyzed. The assessment instrument is the **NEEDS**, which is nationally recognized and validated.

- \* The NEEDS assessment helps the student understand his/her level of involvement with alcohol and/or drugs and how it is impacting on his/her life.

The significance of each student's assessment results is discussed as part of a class activity. However, individual student scores are kept confidential. It is important to note that the assessment is not a diagnostic tool. It does not provide a clinical diagnosis of the individual and it does not label him as an "alcoholic" or an "addict".

It is important to realize that the assessment is not a "test" that someone passes or fails. Rather, the answers the student provides on the assessment indicate that he/she can benefit from intervention. The assessment does not rely upon answers to specific questions. Instead, it examines patterns of responses and a broad range of behaviors.

## Intervention Component

The Intervention Component is a course that delivers therapeutic education over a 20-hour period. The required curriculum for the Risk Reduction Program is the *Prime for Life* Curriculum. *Prime for Life* is a lifestyle risk reduction approach developed at the Prevention Research Institute of Lexington, Kentucky. This approach clarifies what roles the quantity and frequency of alcohol use play in the development of alcohol problems. It also gives individuals a way to estimate their personal level of biological risk and clear guidelines for ways to reduce the risk of alcohol or drug related problems. Using educational techniques and a unique persuasion process, the *Prime for Life* Curriculum changes actual drinking and drug use behavior. As a result, the individual comes to accept and believe:

- (1) "Alcohol/drug problems can happen to me, and it is my choices about quantity and frequency that make it more or less likely that they will happen to me." Participants are guided to a new understanding of who can develop alcohol/drug problems, and what actually causes them.
- (2) "I know how to estimate my own level of individual risk, and I know exactly what to do to reduce my risk of another alcohol/drug problem at any point in my life." Through the Five Steps to Risk Reduction, participants learn how to estimate their own personal level of biological risk for alcoholism. They have guidelines for making specific quantity and frequency drinking choices (always including abstinence), which are not likely to trigger problems at their personal level of risk.
- (3) "The people around me support me in making low risk choices." The curriculum assists each person in completing an individual assessment of the various social influences on his drinking choices, including peers, work/campus policy, family values and expectations.

- (4) “I’m the kind of person who makes low-risk choices. I value my health and happiness and I’m worth it.” *Prime for Life* helps people understand how drinking and drug choices progress from high-risk choices to various health problems including alcoholism and other drug addictions. It helps develop attitudes associated with low-risk choices. It helps people understand how high-risk choices may jeopardize what they value.
- (5) “I know how to make low risk choices at all times under all circumstances.”

## **Program Fees**

Assessment:	\$75.00
Intervention Component ( <i>20 hours</i> ):	\$190.00
Student Program Materials Fee:	\$15.00

**These fees are set and authorized by Georgia Law.  
No Program may charge more or less to any individual.**

**NOTE: Programs should consider the confidentiality requirements of the Program when determining the method of receiving payment of fees. In the event a personal check is dishonored, the Program will need to insure that confidentiality is preserved in the collection process.**

# **USEFUL INFORMATION FOR INDIVIDUALS PLANNING TO ATTEND THE RISK REDUCTION PROGRAM**

**[Please share this information with will all potential students.]**

- \* Persons attending the RRP as a condition for license reinstatement should complete program requirements as soon as possible. They should not wait until the end of the 120 or 180-day suspension period since sufficient processing time is needed by the Department of Driver Services.
- \* Enrollment in the program must be **after** the arrest date.
- \* An individual may choose to attend **any** DDS certified RRP (O.C.G.A. 40-5-81).
- \* Names, locations and telephone numbers of Georgia certified RRP's may be obtained in the following ways:
  1. **Yellow Pages of telephone directory (listed under "Driving Instruction").**
  2. **The Department of Driver Services website at [www.dds.ga.gov](http://www.dds.ga.gov).**
  3. **DDS DUI Risk Reduction Program – 678.413.8732 or 678.413.8859.**
- \* Individuals are encouraged to compare class dates and schedules of programs before signing up. Fees are not refundable if an individual changes his/her mind after being assessed or signing up for a class.
- \* Individuals will not be issued a refund if they are improperly enrolled as a result of providing incorrect information to the Program.

# SECTION 1: ASSESSMENT COMPONENT

## A. THE ASSESSMENT INSTRUMENT

1. The assessment instrument approved by DDS for the DUI, Alcohol or Drug Risk Reduction Program is the **NEEDS**. No other assessment instrument may be used.
2. The **NEEDS** is a copyrighted product of ADE, Inc. No portion of the program may be copied or used in any manner except as designated by the contract agreement with ADE, Inc.
3. Ms. Mary Jo Reid is the Special Projects Manager for ADE, Inc. in Clarkston, Michigan. She is responsible for providing technical assistance to programs regarding the **NEEDS** assessment instrument. All questions regarding processing assessments are to be directed to the toll-free number. Her telephone number is 1-800-334-1918 and FAX number is (248) 625-1839.

## B. ASSESSMENT REQUIREMENTS AND INFORMATION

1. All persons enrolling in the Risk Reduction Program must be assessed.
  - a. Persons who are attending to clear up a DUI from another state must be assessed, even if they have had an assessment in another state.
  - b. Assessment results have been incorporated into curriculum activities. Therefore, all participants should have the assessment summary sheet when completing the course.
2. A program must inform participants that **if they are assessed at a particular program location, they must also take the course at the same program location.**
3. It is the program's responsibility to provide students with a written schedule of up-coming classes. The student should know the exact dates and hours when classes will be held before they are assessed.
4. The class schedule information should be the primary information a program provides to the public. A program may have several schedules prepared in advance so participants are given a choice of classes. Students must be informed that a minimum of five (5) students is required to hold a class.
5. The **NEEDS** is a screening tool, which assesses a participant's involvement with alcohol and/or other drugs, and recommends an appropriate intervention.
6. Do not allow a student to retake the assessment unless the assessment printout indicates that the assessment is invalid, for example, due to the student's apparent inability to read. There will be very few times when it is appropriate to allow a student to retake the assessment. If you have a situation in which you think this may be necessary, please contact Mary Jo Reid at ADE, Inc., calling 1-800-334-1918.
7. Do not allow students to take the assessment survey home or away from the program office to complete. Students must complete the assessment survey on-site at the Program's approved assessment location.

8. Students who can read must take the assessment privately and alone. Family members or friends cannot sit with the student while taking the assessment.
9. If a student cannot read, an audio tape available from ADE, Inc. should be used or a program staff person should read the assessment to the student. Persons who do not speak English may bring an interpreter provided the interpreter is of driving age. ADE, Inc. has a Spanish version of the **NEEDS** and Spanish audiotape available.

## C. ASSESSMENT PROCESS

1. Provide a written class schedule to the student.
2. Complete the Student Information Sheet **“ALL CLIENTS - IMPORTANT INFORMATION - PLEASE READ CAREFULLY”** [Exhibit #1]
  - a. A duplicate form or copy must be given to each student prior to his/her completion of the assessment contract. Advise the student to read the entire document prior to signing.
  - b. Staple or attach the class schedule to this document.
  - c. Verbally advise the student that if he/she chooses to take the assessment at your program they **will be required** to complete the course at your program. Assessments are **not transferable**.
3. **Completion of the Assessment Contract** [Exhibit #2]
  - a. Contracts must be completely filled out and all assessment fees paid prior to being signed by the student and program official. The assessment contract is an official legally binding document that also serves as a receipt.
  - b. Conduct a verbal review of the requirements of the contract with the student before signing.
  - c. Verbally advise the student that the assessment is valid for one year, and only for the same offense.
4. **NEEDS Answer Sheet / Offense Codes / County Codes**
  - a. **NEEDS Answer Sheet.** A trained program staff person must fill out page 1 of the answer sheet [Exhibit #3]. All information must be completed. The student must initial the answer sheet verifying the information is correct.
  - b. **Offense Codes** have been assigned for each category of individual who may attend the Risk Reduction Program. The codes to be entered on the **NEEDS** are listed in [Exhibit #4].
  - c. **County Codes.** The **NEEDS** requires that a county code be entered. The Georgia county code for the student’s current county of residence should be used [Exhibit #5].
  - d. **Assigning Student Identification Numbers.** The following guidelines are to assist Programs in assigning specialized identification numbers to persons who do not have a driver’s license number or a social security number. Specialized identification numbers will

- e. be issued only after the Program has exhausted all other means of obtaining any of the above common identifiers. We recommend that a ledger book be used to log the specialized identification numbers. The identification number will be noted on the left side of the page followed by the person's name, sex, date of birth, address and reason for assessment (i.e., 663, 333, 569, 777, etc.)

**ID #      NAME      SEX      DOB      ADDRESS      CODE**

The specialized identification number will be a twelve-digit number and it will consist of the Program's four-digit program certification number, the current date (six numbers) and 01-99 (in consecutive order) as the last two numbers.

**EXAMPLE:** My school certification number is **9999**. The date of the assessment is **01-09-07** (*January 9, 2007*) and there are three assessments being done for persons without an ID Number. They will be assigned as follows:

<b>ID #</b>	<b>NAME</b>	<b>SEX</b>	<b>DOB</b>	<b>ADDRESS</b>	<b>CODE</b>
<b>999901090701</b>	Doe, Bobbie	<b>F</b>	041040	111 Alpine Street Atlanta	772
<b>999901090702</b>	Smith, John	<b>M</b>	031148	7 Pine Avenue Macon	663
<b>999901090703</b>	Jones, Bubba	<b>M</b>	122881	1118 Simpson Roswell	569

## 5. **PROCESSING ASSESSMENTS**

Assessments must be administered, processed and printed at least 30 minutes prior to the beginning of the first class session. Failure to process and print the assessment at least 30 minutes prior to the beginning of the first class session may result in an administrative fine and/or an adverse action against the program.

## 6. **ASSESSMENT ROSTERS**

The assessment roster reflects the date and time that the assessments are processed and printed. The rules and regulations require that the correct date and time is set on your computer at all times. **Failure to keep the date and time correct may result in an administrative fine and/or adverse action against your program.** If your program is issued an administrative fine for processing and printing the assessment after the first session of class begins, the excuse that the date and time were incorrect on your computer **will not be acceptable.**

## **D. ASSESSMENT TRANSFERS**

- 1.** Assessments may be transferred to another program location when the reason for the transfer meets the criteria set forth in the rules and regulations and the department provides prior approval for the transfer.
- 2.** It shall be the responsibility of the Program Owner or Director to ensure the assessment transfer request meets the criteria in the rules before providing the student with the telephone number to the Department.
- 3.** The **student** must contact the Department with the name of the program where the assessment was taken, the reason for the transfer and where the student wishes to have his/her assessment transferred.
- 4.** If the assessment transfer request is approved, the Department will notify both participating programs. The student must then sign the **“NEEDS Transfer”** [Exhibit #6], which must include the name of the program where the assessment is to be transferred. If the student prepaid fees for the Intervention Component, the program shall refund the Intervention Component fees to the student.
- 5.** The program where the student originally took the assessment may fax or mail a copy of the assessment contract, answer sheet, and the complete **NEEDS** survey printout to the approved transfer location.
- 6.** The program receiving the transferred assessment must note the name of the student in the comment section of the class roster and the name of the individual at the department who approved the transfer.

## SECTION 2: INTERVENTION COMPONENT

### A. SCHEDULING REQUIREMENTS

1. Programs must offer classes on weeknights and/or weekends. Based upon demand, programs may also offer classes on weekdays.
2. Programs must schedule the first four (4) sessions in 3½-hour blocks and the last two (2) sessions in 3-hour blocks. No more than two class sessions can be held on one day [**Exhibit #7**].
3. Classes must be held as scheduled. Class beginning time, lunch break and ending time cannot be changed at the beginning of class or during class. Programs must adhere to the times provided to DDS and to the students at the time of assessment.
4. On days that two class sessions are held, programs must provide the students a minimum of a one-hour meal break.
5. Programs **cannot** cancel a scheduled class without documented good cause. Good cause is defined as sickness or inclement weather. Once programs have provided students with the class schedule and administered the assessment, the program has a binding obligation to that student to provide the class on the scheduled dates and at that location. When a student chooses to be assessed at a particular program, he/she is obligated to attend class at that program. **A minimum of five signed intervention contracts is required to conduct a class. If any of the five students do not attend the class, the course may continue, but a copy of all five signed contracts must be attached to the class roster upon submittal to DDS.** If this occurs frequently, the program should review its class scheduling policy.
6. Programs should have a substitute instructor on call to avoid cancellations due to instructor illness.
7. Programs that develop a pattern of canceling classes may be subject to an administrative fine and/or an adverse action against the program's certification.
8. Programs that develop a pattern of canceling classes for lack of five (5) students are scheduling classes too frequently. Notification of class cancellations must be sent to the department prior to or on the date the class was canceled on a class roster reflecting the scheduled class dates on file with the department.
9. Programs must hold a class at least every other month. New programs that fail to have a class during any 90-day period will be subject to suspension and/or revocation of program certification.
10. A class addition not indicated on the class schedule on file with DDS must be submitted five days prior to the scheduled beginning date of the class. Notification must be made on the quarterly class schedule form and marked "**Revised Schedule**".
11. A current 3-month class schedule must be furnished to the Department of Driver Services, Regulatory Compliance Division on a quarterly basis on the appropriate form [**Exhibit #8**]. Each

Program location must have a separate schedule. These schedules **MUST** be received by DDS two weeks in advance of the beginning of the quarter. Schedules may be faxed to DDS at 678-413-8736. This will ensure that you have a record of when the schedule was received by the department.

**The quarterly breakdown is as follows:**

<b>1<sup>st</sup> quarter</b>	January, February, March	<b><i>DUE -December 15</i></b>
<b>2<sup>nd</sup> quarter</b>	April, May, June	<b><i>DUE -March 15</i></b>
<b>3<sup>rd</sup> quarter</b>	July, August, September	<b><i>DUE -June 15</i></b>
<b>4<sup>th</sup> quarter</b>	October, November, December	<b><i>DUE -September 15</i></b>

12. Each program location **must** provide a separate schedule. If classes are rescheduled or Instructors reassigned, an updated schedule must be submitted in writing. In order for the Department to plan classroom monitoring and assist the public in locating programs holding classes, all class schedules and revisions must be received in a timely manner. Programs that fail to submit or to amend their class schedules in a timely manner will be subject to an administrative fine and/or an adverse action against the program certification.
13. Any change in a scheduled class, i.e., instructor reassignment, class dates, beginning and ending times, etc., must be submitted to the Department on a “Revised Schedule”. Schedule changes must be submitted in the class schedule format provided by the Department. Schedule changes submitted in the form of a letter or memo will not be accepted.
14. Students who miss a class session because of an excused absence must start the course over with the next scheduled class beginning with the missed session. Students must attend class sessions in sequential order. Students are not to be admitted to the next session if the previous class is missed.
15. Students with an unexcused absence must begin the class over from the beginning, and pay the fee for the intervention course again if. A program, at its discretion, may allow a student with an unexcused absence to start over one (1) time without repayment of fees.

**B. STUDENT ENROLLMENT**

1. Students must be assessed prior to completing the Intervention Contract **[Exhibit #9]**.
2. Contracts cannot be completed during scheduled class time. Students should enroll and complete the Intervention Contract prior to the first day of class.
3. The Intervention Contract also serves as a receipt. Therefore, all fees must be paid before the program official and student sign the contract. If fees are not paid and the program official and student sign the contract, the program is stating in writing that the fees have been paid. The program would then be obligated to issue a certificate of completion at the end of class, whether or not the fees were actually paid.

4. Class fees, dates and times must be completely filled in before the contract is signed.
5. The contracts are legally binding documents.
6. It is recommended that you go over in detail the requirements outlined in the class contract before the student signs. The instructor will go over the class requirements during the first session of the class, but going over them as the student signs the contract will assist in preventing misunderstanding and complaints against the program.

#### **C. CLASSROOM PROTOCOL AND CURRICULUM REQUIREMENTS**

1. It shall be the responsibility of the Program Owner or Director to ensure that all Instructors follow the rules and regulations and curriculum requirements, including ensuring that they are properly dressed, use appropriate language and reflect a professional attitude and manner.
2. It is the responsibility of the Program Owner or Director to ensure the Instructor is provided with the appropriate **NEEDS** Summary Sheet for every student before the beginning of each Risk Reduction Program class. The Alcohol and Drug Help List [**Exhibit #11**] must be available to each student.
3. Program Owners and Directors must monitor their Instructors to ensure they are teaching the curriculum and that the material is being presented as outlined in the curriculum syllabus [**Exhibit #7**]. We have included a copy of the curriculum syllabus for owners and directors who are not certified instructors. This will provide an idea where the Instructor should be with the material at any given time.
4. Every student must sign a class roll [**Exhibit #10**] at the beginning of each class session. Failure to have all student signatures on a class roll in the class file may result in an adverse action. The Department is forced to assume that the student did not attend class unless he/she has signed the roll for all class sessions. Instructors should also sign the statement on the class roll form, which indicates that all participants met the requirements and how many certificates of completion were issued.
5. **Students who do not speak English ARE REQUIRED TO BRING AN INTERPRETER TO CLASS.** If the class is offered in another language, students who do not speak that language may not attend that class without an interpreter. For example, if a program is offering a class in Spanish, students who do not speak Spanish cannot attend that class. The reverse is true as well; if you are teaching a class in English, students who do not speak English cannot attend the class without an interpreter.
6. Instructors are prohibited from teaching class in two languages simultaneously. For example; you cannot teach a section in English, and then in Spanish, to accommodate a class made up of English and Spanish speaking participants.
7. Instructors are required to arrive 30 minutes prior to the scheduled beginning time for each class.

8. Instructors must NEVER leave the Program premises while a class is in session, and must remain with the class during all sessions.
9. An instructor who starts the first session of a class must instruct all sessions of that class, except in an emergency; or, if a second instructor is involved in the instruction, both instructors must remain with the class during all sessions.
10. DDS is committed to a smoke-free environment. **SMOKING IS PROHIBITED IN ALL CLASSROOMS.**
11. The *Prime for Life* Curriculum, a Risk Reduction Program, is a copyrighted product of the Prevention Research Institute (PRI) of Lexington, Kentucky. No portion of the material can be copied. The material cannot be used for any purpose other than presenting the Risk Reduction Program as approved by the Georgia Department of Driver Services. All Instructors must first meet PRI certification requirements in order to be certified by DDS and each Instructor must sign the "Instructor Agreement," provided by PRI.
12. **Ejna Mitchell** is the PRI Program Consultant for Georgia. Ms. Mitchell's address and phone number are listed in the Risk Reduction Directory. All questions regarding the curriculum should be referred to Ms. Mitchell.
13. Each student attending class must receive a student study guide from PRI that contains activities required for completion of the course. Each student must write his/her name on the book, and complete each activity as directed by the Instructor. The study guides should be left in the classroom until class is completed. Students must take their study guide home after class is completed.  
  
Study guides **cannot** be reused. Each student must be given a new study guide, which becomes the property of the student. Class cannot be held without a new study guide for every student. No portion of the study guide, such as activities, may be photocopied or copied in any other manner.
14. Failure to provide each student with a new study guide at the appropriate time in the curriculum will result in an administrative fine and/or an adverse action against your program.
15. A periodic check of study guide orders and class rosters is routinely done to ensure that programs are providing each student a new study guide.

# SECTION 3: MULTIPLE DUI OFFENDER PROGRAM

## TRANSFER OF NEEDS FOR MULTIPLE OFFENDERS

1. Any person convicted of 2 or more DUI's within 5 years must have a clinical evaluation and complete any prescribed treatment indicated by that clinical evaluation as required by O.C.G.A. 40-5-63.1. (This applies to offenses committed after July 1, 1997, but not to offenses committed prior to that date.)
2. All students must receive the All Clients Important Information form [**Exhibit #1**]. This document outlines the requirements for clinical evaluation for Multiple DUI offenders.
3. The official DHR Registry of Clinical Evaluators must be made available to all 2<sup>nd</sup> or multiple offenders and copies provided of relevant pages as requested.
4. Programs are responsible for making available to offenders the most recent registry provided by DHR. The publication date appears at the top of each page of each registry. It is recommended that the registry be kept in a 3-ring binder.

### The process should be as follows:

- a. Before the assessment, give the student the All Clients Important Information form [**Exhibit #1**] and have them sign the document.
- b. At the end of the last class session, provide multiple offenders with DHR's registry of clinical evaluators.
- c. Students must be provided DHR's registry of clinical evaluators and they must choose an evaluator. Remember that programs **cannot** solicit services. If there is a clinical evaluator on site, that evaluator's name will appear on the registry.
- d. Students should be advised to call the chosen evaluator and make an appointment before signing a release. Once the student has chosen an evaluator, they must sign the **Release of Information to "Clinical Evaluator"** [**Exhibit #12**], and pay up to a \$10.00 transfer fee, if required by the program.
- e. Once the student has signed the release of information and paid the transfer fee, if required by the program, the **NEEDS Transfer to "Clinical Evaluator"** [**Exhibit #13**], must be completed. Attach it to a copy of the **NEEDS** results and mail or FAX to the chosen evaluator within five (5) business days. Students cannot be given the **NEEDS** results and **Transfer** sheet to hand-carry to the evaluator. They **must** be mailed or faxed directly to the clinical evaluator.
- f. Students may request that the **NEEDS** results be sent to a second Evaluator. The same procedure should be followed. The student must pay another transfer fee, if required by the program.

- g.** If the student requires a 2<sup>nd</sup> transfer because of circumstances beyond their control (i.e., paperwork lost in the mail), they should not be charged an additional transfer fee.
- h.** If the student requests a third transfer, contact our office for approval.

## **SECTION 4: PROGRAM RECORDS**

## A. CONTRACTS

1. All contracts must be professionally printed and pre-numbered by a printing company in duplicate, reflecting the Program name, address and location. **Photocopies are not acceptable.** Programs must adhere to the printed contract formats provided by DDS. **No item may be deleted or changed.**

**EXCEPTION** – When a change in policy or Law requires a change in the contract, the Risk Reduction Program may, in writing, issue authorization for a “pen and ink” change, to allow Programs to use up existing pre-printed contracts. Such “pen and ink” changes must be made prior to the placement of any signatures on the contract, and must be initialed by the student and program official.

2. The contracts also serve as a receipt. Therefore, all fees for program components must be paid before the program official and student sign the contract. If fees are not paid, and the program official and student sign the contract, the program is stating in writing that the fees have been paid. The program would then be obligated to issue a Certificate of Completion at the end of the class whether or not the fees were actually paid.
3. The contracts must be completely filled out before any service is provided (including all class dates, hours and fees paid). Contracts are legally binding documents.

## B. ASSESSMENT ROSTER

1. The assessment roster shall be completed on a monthly basis **[Exhibit #14]**. Rebates must be paid for every person assessed, regardless of whether or not the person returns for class.
2. The Program Director or Owner must sign the Assessment Roster.
3. Each Assessment Roster shall include every person who was assessed from the first day of each calendar month through the last day of each calendar month. The Assessment Roster and the \$15.00 rebate fee for each person is due by the 10<sup>th</sup> day of the following calendar month.
  - a. The original Assessment Roster with an original signature of the Owner or Director, and the rebate check or money order must be mailed to the following address by the 10<sup>th</sup> day of each calendar month: **Georgia Department of Driver Services, Accounting Manager, 2206 East View Parkway, Conyers, Georgia 30013.**
  - b. Failure to send in the original Assessment Roster and a check or money order for the \$15.00 rebate fee by the 10<sup>th</sup> of the month will automatically place the Program in a noncompliance status. Noncompliance will result in an Official Notice of Deficiency, which constitutes the initiation of proceedings to fine, suspend and/or revoke Program certification.
  - c. The FACS ID Number, Program Name and Program ID number, must be written on the check. To ensure proper recording of your payments, if you have multiple program

locations, be sure to use the FACS ID Number that corresponds to the Program ID Number of the Assessment Roster for each location.

- d. **Mail Assessment Rosters and Rebate checks to:** Georgia Department of Driver Services, Accounting Manager, 2206 East View Parkway, Conyers, Georgia 30013.
- e. Since the Assessment Roster and rebate fees are due monthly, the check for the rebate fee must be only for one month's rebate fees.
- f. The monthly assessment roster must contain all of the assessments processed in that month.  
**One Roster-One Check per month.**

## C. CLASS ROSTERS

- 1. **Students who meet all program requirements must be issued a DDS Certificate of Completion and be listed on the class roster [Exhibit #15]. ONLY Certified Program Owners or Directors can sign a class roster.**
- 2. Certificate of completion numbers must be issued in numerical order and must be listed on the class roster in numerical order.
- 3. Students shall not be listed on the class roster until they have completed the class, met all program requirements, and have been issued a certificate of completion.
- 4. Students with an excused absence must be listed on the class roster of the class they completed. A notation shall be made on the class roster in the "comments" section indicating all dates of attendance. Documentation of the excused absence along with all paperwork for that student shall be placed in the file of the class he or she completes.
- 5. **All voided certificates of completion shall be listed on the class roster in NUMERICAL ORDER and attached to the roster when it is sent to DDS.**
- 6. Any unusual circumstances regarding the class should be listed in the "comments" section of the class roster, i.e., transfer of a student and which DDS staff member approved the transfer, substitute instructors, etc.
- 7. A class roster must be submitted for each class listed on the quarterly schedule submitted to DDS, **even if the class is canceled**. The program name/certification number and scheduled dates of classes must be completed on the class roster form and marked "**Class Canceled**" and the reason for cancellation must be sent no later than the date the class was canceled. Do not submit class cancellations in letter or memo form. Cancellations must be reported on a class roster form.
- 8. If a program's records are audited and certificate numbers are difficult to follow, programs will be required to submit a sequential listing with all pertinent information to account for the certificate numbers.

9. Class rosters must be sent within **15 days of class completion (not monthly)** to the following address: Georgia Department of Driver Services, Regulatory Compliance Division, 2206 East View Parkway, Conyers, Georgia 30013. Failure to submit class rosters in a timely manner will result in an administrative fine for each delinquent class roster.

#### **D. CARD FILE REQUIREMENTS**

1. Card files must be started once the student has completed the assessment component. Many programs wait until class completion to begin the card file. This is incorrect.
2. **Cards must be filed in alphabetical order by last name and contain all of the required information outlined in the official rules and the Operations Guidelines.**
3. Transfer information for 2<sup>nd</sup> DUI offenders must be indicated on the card file. Information must include the transfer date, clinical evaluator name and ID number.

#### **E. CERTIFICATES OF COMPLETION [Exhibit #16]**

1. Certificates of Completion, Replacement Certificates of Completion and the All Clients Important Information forms must be ordered on the appropriate requisition form **[Exhibit #17]**. The requisition form can be faxed to 678-413-8736 or mailed to the DUI Alcohol or Drug Use Risk Reduction Program.

Orders **CANNOT** be placed via telephone. You **must** send in a requisition form. Please allow 2 weeks for delivery of Certificates.

2. Certificates of Completion will be sent with a transmittal form **[Exhibit #18]**. This form must be signed by the owner or director and returned to DDS within 10 days of receipt of the Certificates. You must mail the original form with the appropriate signature. **Programs will not be issued additional orders of Certificates unless the previous transmittal has been received.**
3. **If an error has been discovered on a Certificate of Completion after the student has left the premises, ONLY a Replacement Certificate of Completion can be issued.**
4. Certificates of Completion are the most important point of accountability. All **certificates** and **replacements** must be maintained at the approved office location under lock and key at all times.
5. Neither OWNERS NOR DIRECTORS CAN SIGN A CERTIFICATE OF COMPLETION UNLESS THEY WERE THE CERTIFIED INSTRUCTOR WHO TAUGHT THE CLASS. **(Original Signatures ONLY, signature stamps are prohibited.)**

#### **F. REPLACEMENT CERTIFICATES [Exhibit #19]**

1. Replacement Certificates of Completion information must be verified through the card file and class file. All information must be the same as contained on the original certificate of completion.
2. Only certified owners, directors or the instructor who taught the class may sign the Replacement Certificate after verifying program records for validity of attendance information. **(Original signatures only, signature stamps are prohibited.)**
3. Programs should give the original white copy to the offender and keep the yellow copy with the student records. A notation should be made on the card file for that student that a Replacement Certificate was issued and the date that it was issued.

#### **G. PERSONNEL FILES**

A personnel file must be maintained on every instructor and employee, whether they are characterized as employees or independent contractors.

1. **The personnel file must contain the following:**
  - a. Full legal name
  - b. Address (*residence and mailing*)
  - c. Social Security number
  - d. Application for employment
  - e. Employee Confidentiality Statement [**Exhibit #20**]
  - f. Statement signed by Employee and Director that orientation has been received on the Rules [see 290-4-10-.10(3)] and Operations Guidelines [**Exhibit #21**]
  - g. Other pertinent information
2. Instructor personnel files should also include a copy of the current instructor certification card.

## **SECTION 5: CONFIDENTIALITY**

## **A. RECORDS**

1. All records which identify any student, offender, potential student by name or inference shall be maintained as confidential, and shall not be released to any person, other than the Department of Driver Services, without prior written consent of the student/offender or by court order.
2. Program owners, directors, instructors and any other program staff or agent are prohibited from disclosing any person's involvement with the program.
3. Acknowledgment of any person's participation in any program component may not be given over the phone or in writing without a written release of information from the student.

Program staff should respond to inquiries by saying, "I cannot confirm or deny the involvement of any person in this program". Program staff may provide general information.

4. If persons other than students such as family members or employers call to request student information, they should be told to have the student make the request.
5. Information may not be given verbally to any person. Clinical Evaluators should not be advised of any details unless the student has signed a release of information indicating permission to disclose information to that particular Clinical Evaluator.
6. If a person other than the student pays the program fees, they should be given a receipt, not the official contract. The contract does not become binding until the student signs the document. Information can only be given to the student, regardless of who has paid the program fees.

## **B. RELEASE OF INFORMATION**

1. Students may sign a Release of Information for any information released to the following:
  - a. Clinical Evaluator [**Exhibit #12**]
  - b. Lawyer [**Exhibit #22**]
  - c. Judge [**Exhibit #22**]
  - d. Probation Officer [**Exhibit #23**]
  - e. Employer [**Exhibit #22**]
  - f. Counselor [**Exhibit #22**]
  - g. Other professionals [**Exhibit #22**]
  - h. NEEDS Transfer to RRP [**Exhibit #6**]
2. The information shall only be provided to the person and/or agency specified on the Release of Information form.
3. The signed Release of Information must be kept with the student records in the class file.

## **SECTION 6: PROGRAM AND FACILITY REQUIREMENTS**

- A. If a current program owner wishes to open another Risk Reduction Program, the owner must request a new application packet from the Department of Driver Services. The application is periodically updated. All applications must be submitted on the most current application. All requirements for opening a new program are included in the application packet. Applications are also available on the DDS Internet site at [www.dds.ga.gov](http://www.dds.ga.gov).

**B. HANDICAP ACCESSIBILITY (ADA)**

**NOTE:** Programs that were certified prior to enactment of the Americans with Disabilities Act were “Grandfathered-In” to existing classrooms. However, if the classroom location moves, the program must come into compliance with ADA. All program facilities where the public receives services must meet the basic disability accessibility requirements of the Americans with Disabilities Act. The following are the basic requirements of DDS:

1. The building must be connected to sidewalks and parking by a path that is at least 36 inches wide, smooth, level as possible and without hazards or obstructions.
2. There must be an open curb or ramp from the parking area for wheelchair access to the entrance.
3. There must be an entrance into the facility that is wheelchair accessible and without obstructions.
4. Hallways and office, classroom and restroom doorways must be at least 32 inches wide.
5. Restrooms must provide a handicap accessible toilet stall, lavatory and mirror.
6. Restroom stalls must be at least 36 inches wide and have grab bars properly installed.
7. Please note that a county or municipality may require additional handicap accessibility requirements (such as special door handles), that exceed the minimum requirements of DDS as well as additional requirements of the local governing agency for building and fire code approval. The Risk Reduction Program cannot grant exceptions to local governing agency requirements.

**C. PROGRAM OFFICE/OPERATION REQUIREMENTS**

The Risk Reduction Program is a service-oriented business that provides a State mandated program. Your customers must have reasonable access to the program to enroll in class, have the **NEEDS** assessment transferred to clinical evaluators, obtain replacement certificates, etc. If your office is not open, service is not being provided. When the office is closed for holidays and vacations, programs should provide adequate telephone backup so that essential services can be provided to the customers.

1. **Business Hours** – Offices must be staffed five days a week, six hours per day. The six hours per day **DOES NOT INCLUDE A LUNCH HOUR**. All programs are required to submit standard operating hours to DDS before they are approved to operate. These are the hours your program will

be monitored in accordance with the rules and regulations. If your program wishes to change its standard business hours, you must notify the department in writing two weeks prior to effecting the change. Changes in office hours that do not meet the requirements of the rules and regulations will not be approved. Office hour changes will not be accepted via telephone or at routine site visits. If a compliance analyst attempts to conduct an audit of your records, and a staff person is not available during the established business hours, your program will be subject to an adverse action.

2. **Holiday Policy** – Programs are required to be open during established standard operating hours on file with DDS. Programs are allowed to close on all Federal holidays. In addition to federal holidays, programs are permitted to close for one week at Thanksgiving and one week at Christmas. If a program is closed on a holiday a recording must be left on the program phone indicating the date, reason for closing, and the date the program will reopen.
3. **Vacation Policy** - In addition to the holiday policy listed above, programs are permitted to close for vacation for three (3) weeks per year. Programs can obtain approval for vacation closure by following the procedure outlined below:
  - a. The vacation must be taken in at least one-week increments
  - b. Programs must submit the dates of closure to DDS, in writing, 15 days in advance of the proposed closure.
  - c. A recording must be placed on the program phone indicating the dates of program closure and the date of reopening.
  - d. **PROGRAMS CANNOT CLOSE FOR VACATION ONE DAY AT A TIME. MINIMUM CLOSURE IS ONE WEEK.** [*Example:* Partial weeks cannot be taken and combined to make one week.]
4. **Office Closures** - The rules and regulations do not allow for program office closures, except as noted above. Programs are required to cover the office during their standard operating hours as specified in the rules and regulations. DDS receives faxes daily communicating that program office staff are “coming in late”, “have a doctor’s appointment” and a host of other things. These written notifications do not eliminate the requirements of the rules and regulations. If a compliance analyst attempts to conduct a site visit and the program office is not covered, regardless of any notification that may have been sent, your program may be subject to an adverse action.
5. A trained staff person must answer the telephone during the standard operating hours. **The telephone must be answered at the approved program office.** All records must be at the office location and available to the person answering the telephone.
6. All program records must be housed at the approved office location. Certificates of completion must be kept at the office location and the staff person responsible for the office must have access to the certificates of completion for monitoring purposes.

7. Program records must not be removed to other locations for updating, maintenance, etc. Required records cannot be kept at any other location.

#### **D. PROGRAM NAME CHANGE**

If a program wishes to change its official name, it may do so by sending a request to change the name, giving the existing name, and the name to which it is to be changed, at least 30 days prior to the date of making the change. The name may not be changed without written approval of the Department. The program shall ensure that all correspondence and other documents accurately reflect the name change following the effective date of the change.

Program owners and directors who make a name change will be responsible for taking any action necessary for compliance with local business licensing requirements, or, if incorporated, filing any necessary documents with the Corporations Division of the office of the Secretary of State.

The Rules of the DUI Alcohol or Drug Use Risk Reduction Program, at 290-4-10-.17, state the following:

**Program Name.** No program may use any name like or deceptively similar to a name used by any other program in this state. No program may use the word “state” in any part of its name or suggest that it is owned, operated, or endorsed by the state. A program may not use as its adopted business name “A DUI Alcohol or Drug Use Risk Reduction Program” or “Risk Reduction Program” or any other generic reference to the program without additional modifiers in the name.

All requests for permission to change the official name of a program must be sent to **Georgia Department of Driver Services, Regulatory Compliance Division, 2206 East View Parkway, Conyers, Georgia 30013.**

## **SECTION 7: PROGRAM CERTIFICATION**

- A. A program is not permitted to operate without valid current certification.

- B.** Applications for certification must be made on Department forms, and must be complete, truthful and accurate. All required fees and attachments must be included.
- C.** If an application is accepted as demonstrating qualifications, and appears complete and accurate, then an on-site inspection is conducted to determine compliance with location and facilities requirements. If the program demonstrates compliance with all requirements, the program will be certified.
- D.** Within six months of certification, a program must begin holding classes or the certification will be revoked. A program must hold at least one class every other calendar month after beginning classes. Programs must demonstrate continuous operation in compliance with the Rules and Guidelines.
- E.** Certification is non-transferable. This means that any change in ownership requires a new application for certification, which must be submitted at least sixty days prior to the change in ownership. The old program certificate must be returned prior to issuance of a new certificate.
- F.** Certification of a program will continue as long as the program remains in compliance with the Rules and Operations Guidelines. This means that periodic submissions will be required to verify continuing compliance. These submissions include, but are not limited to, Motor Vehicle Reports, fingerprint cards, and verification of continuing education of the director.
- G.** When certification is issued, it is valid only so long as the named holder of the certificate is actively engaged in the operation of the program. The certificate must be returned to the Department if the named holder ceases to be actively engaged in the operation of the program.
- H.** Each program must obtain and maintain a continuous surety bond as specified in the Rules. **Failure to maintain and provide proof of a valid surety bond may result in suspension of the program operation.**
- I.** If for any reason a surety bond is cancelled, the program will be suspended until another bond is obtained which meets the requirements of the law and the Rules.

## SECTION 8: DIRECTOR RECERTIFICATION

- A.** Certified and designated directors must apply for recertification every four years. **[Exhibit #24]**

- B. The Risk Reduction Program staff will send a notice of the certification expiration to the Director, and to the Program between 90 and 120 days prior to the expiration date. Along with this notice will be a copy of the application for Director Recertification; however, failure of the Director to receive notification does not relieve the Director of their duty to timely file for recertification.
- C. The application for Director Recertification must be received at least 60 days prior to the expiration of the current certification period. **A Director who does not submit a timely application for recertification, and who, as a result, allows the certification to lapse, may not continue as the director unless the application for recertification has been received by the Department. If the Director's certification has been allowed to lapse for over 30 days, the program will be considered to be out of compliance with program requirements.**
- D. Proof of 40 hours of continuing education as outlined in the Rules must accompany the application for Director Recertification.
- E. Directors who are also certified as instructors will be issued a Director certification with the same expiration date as their Instructor Certification. Continuing education received to re-certify as an Instructor may also be used for recertification as Director.
- F. A current three-year Motor Vehicle Report issued by the Department of Motor Vehicle Safety must be submitted with the application for Director recertification.

## SECTION 9: INSTRUCTOR CERTIFICATION

**GENERAL:** Applications for certification may be requested from the Risk Reduction Program by calling 678.413.8859 or on the DDS Internet site at [www.dds.ga.gov](http://www.dds.ga.gov). The packet of information will contain detailed procedures for completing the application. Completed applications must be returned to the department not later than 60 days prior to the beginning of the next scheduled training session for new instructors. Applications should be returned to the Georgia Department of Driver Services, Regulatory Compliance Division, 2206 East View Parkway, Conyers, Georgia 30013. DDS will notify each applicant whether they meet eligibility requirements. Training sessions are limited to 25 participants. If an applicant has been approved to attend a scheduled instructor training session, and fails to attend, the applicant will not be assured of a place in the next scheduled training session or in subsequent training sessions.

- A. Instructor trainees must pass a written examination with a score of at least 75 out of 100 to successfully complete the written examination. Trainees will not be allowed to re-take the final exam.

## SECTION 10: INSTRUCTOR RECERTIFICATION

- A. Instructors must apply for recertification every four years [**Exhibit 25**] Instructor Recertification

- B.** The Risk Reduction Program staff may send a notice of the instructor certification expiration date to the Instructor and to the Program between 90 and 120 days prior to the expiration date, along with a copy of the Application for Instructor Recertification; however, the failure of the Instructor to receive the notification does not relieve the Instructor of the duty to timely file for recertification.
- C.** The Application for Instructor Recertification must be received at least 60 days prior to the expiration date of the instructor's current certification, and must include the following:
1. A completed, signed and notarized Instructor Recertification Application;
  2. A current three (3) year Motor Vehicle Report (MVR);
  3. Dates and location of classes taught in the previous certification period. These dates and locations will be verified through the class rosters on file with the department. For recertification, the instructor applicant's name must appear on the roster submitted to the department to be considered for meeting the requirements of the rules and regulations.
  4. Proof of completion of 40 contact hours of continuing education. The department provides continuing education for instructors.
- The department makes available quality continuing education, but does not maintain a record of the contact hours as a part of the instructor certification file. Instructors are responsible for maintaining documentation of contact hours obtained during the certification period to be submitted at the time of application for recertification.
- D.** An Instructor who does not submit a timely application for recertification, and who, as a result, allows the certification to lapse, **may not continue to instruct in a program**, since no person may instruct in a program without having first obtained certification. If a program allows an Instructor whose certification has lapsed to continue to instruct, the program will be considered to be out of compliance with Program Requirements.

## SECTION 11: WAIVERS

### A. LAW GOVERNING

Effective July 1, 1997, the Georgia Legislature enacted O.C.G.A. 50-13-9.1, which authorized state agencies to consider petitions requesting a variance or waiver from an agency rule. The law authorized

agencies to adopt a procedure for the submission and consideration of these requests, and the procedure on the following pages is that which the Risk Reduction Programs adopted.

## **B. EXPLANATION**

Rules and regulations are adopted and published by a state agency as the result of authority given to that agency by the legislature when the legislature passes any law requiring implementation and regulation. In all situations where an agency has adopted rules and regulations, there is specific language in the law that directs the agency to promulgate those rules and regulations. The rules must be consistent with the law, and generally are designed to implement, interpret, or set forth the law or policy, or to describe the organization or procedural requirements of the agency.

A waiver or variance cannot be granted where the granting of the waiver would be in conflict with the underlying law. The review of a petition for waiver will always include consideration of whether granting the waiver will violate the provisions of the law. Even if substantial hardship is shown, the agency does not have authority to waive the underlying law.

Anyone submitting a petition for a waiver or variance should note that the waiver procedure, as set forth in O.C.G.A. 50-13-9.1, is not necessarily a process which allows a rapid turnaround in approval or denial. The requirements include making the request available to the public, and allowing the public to comment on the request prior to any approval.

### **Procedure for Obtaining a Variance or Waiver under O.C.G.A. Section 50-13-9.1**

This code section authorizes State agencies to grant variances or waivers from rules under certain limited circumstances. Basically, the person seeking the variance or waiver must demonstrate that the purpose of the statute upon which the rule is based can be achieved by other means and that strict application of the rule would create a substantial hardship. Anyone seeking a waiver or variance from the Georgia Department of Driver Services, Regulatory Compliance Division, should send their request along with the following information:

1. Your name, address, phone number and the name, address, and phone number of any contact person or representative, if applicable.
2. The rule from which a variance or waiver is requested.
3. The type of action requested.
4. The specific facts of substantial hardship which justify the waiver or variance.
5. The alternative standards which you agree to meet.
6. A showing that the alternative standards will afford adequate protection for the public health, safety and welfare.
7. The reason why the variance or waiver requested would serve the purpose of the underlying statute.
8. Duration of the variance/waiver requested.

### **50-13-9.1. Variances or waivers to rules.**

(a) The General Assembly finds and declares that the strict application of rules can lead to unreasonable, uneconomical, and unintended results in particular instances. The General Assembly further declares that it is appropriate in such cases to adopt a procedure for agencies to provide relief to persons subject to regulation.

(b) As used in this Code section, the term:

- (1) "Substantial hardship" means a significant, unique, and demonstrable economic, technological, legal, or other type of hardship to the person requesting a variance or waiver which impairs the ability of the person to continue to function in the regulated practice or business.
- (2) "Variance" means a decision by an agency to grant a modification to all or part of the literal requirements of a rule to a person who is subject to the rule.
- (3) "Waiver" means a decision by an agency not to apply all or part of a rule to a person who is subject to the rule.

(c) Except as provided in subsection (h) of this Code section, an agency is authorized to grant a variance or waiver to a rule when a person subject to that rule demonstrates that the purpose of the underlying statute upon which the rule is based can be or has been achieved by other specific means which are agreeable to the person seeking the variance or waiver and that strict application of the rule would create a substantial hardship to such person. A register of all pending requests for variances and waivers and all approved variances and waivers shall be maintained by the department granting the waiver or variance and shall be updated upon each grant of waiver or variance and be made available, upon request, to members of the public. The register and each entry on the register shall be posted on the GeorgiaNet. Any member of the public, including interested parties, shall have the opportunity to submit written comments concerning proposed variances or waivers prior to the approval of a variance or waiver pursuant to this Code section.

(d) Except as provided in subsection (h) of this Code section, a person who is subject to regulation by an agency rule may file a petition with that agency requesting a variance or waiver from the agency's rule. In addition to any other requirements which may be imposed by the agency, each petition shall specify:

- (1) The rule from which a variance or waiver is requested;
- (2) The type of action requested;
- (3) The specific facts of substantial hardship which would justify a variance or waiver for the petitioner, including the alternative standards which the person seeking the variance or waiver agrees to meet and a showing that such alternative standards will afford adequate protection for the public health, safety, and welfare; and
- (4) The reason why the variance or waiver requested would serve the purpose of the underlying statute.

(e) The agency subject to the provisions of subsections (c) and (d) of this Code section shall grant or deny a petition for variance or waiver in writing no earlier than 15 days after the posting of the petition on the register and no more than 60 days after the receipt of the petition. The agency's decision to grant or deny the petition shall be in writing and shall contain a statement of the relevant facts and the reasons supporting the agency's action.

(f) The agency's decision to deny a petition for variance or waiver shall be subject to judicial review in accordance with Code Section 50-13-19. The validity of any variance or waiver which is granted by an

agency may be determined in an action for declaratory judgment in accordance with Code Section 50-13-10.

- (g) Nothing in this Code section shall authorize an agency to grant variances or waivers to any statutes or to the agency itself or any other agency. This Code section does not supersede and is cumulative of any other variance or waiver provisions in other statutes or rules.
- (h) This Code section shall not apply, and no variance or waiver shall be sought or authorized, when:
  - (1) Any agency rule or regulation has been adopted or promulgated in order to implement or promote a federally delegated program;
  - (2) Any rule or regulation is promulgated or adopted by the Department of Corrections concerning any institutional operations or inmate activities;
  - (3) Any rule or regulation is promulgated or adopted by the State Board of Pardons and Paroles regarding clemency considerations and actions;
  - (4) Any rule or regulation is promulgated or adopted by the Department of Community Health;
  - (5) Any rule or regulation is promulgated or adopted by the Department of Agriculture;
  - (6) Any rules, regulations, standards, or procedures are adopted or promulgated by the Department of Natural Resources for the protection of the natural resources, environment, or vital areas of this state; or
  - (7) The granting of a waiver or variance would be harmful to the public health, safety, or welfare.
- (i) All waivers granted pursuant to this Code section shall be reported to the General Assembly within the first ten days of the next session. Such information shall contain the name, address, and telephone number of the person or corporation obtaining such waiver; the name, address, and telephone number of any representative or attorney who represented such person or corporation requesting the waiver; and a description of the waiver granted including a detail of the variance from any rule or regulation.

(Code 1981, § 50-13-9.1, enacted by Ga. L. 1997, p. 1521, § 2; Ga. L. 1998, p. 128, § 50; Ga. L. 1999, p. 296, § 22.)

**Effective date.** - This Code section became effective July 1, 1997.

**ALL CLIENTS**  
**IMPORTANT INFORMATION – PLEASE READ CAREFULLY**

**The** purpose of the Risk Reduction Program is to help people who have experienced a problem because of their use of alcohol or other drugs. Your DUI, drug possession, or other charge may not be the first time you have had a problem because of your use of alcohol or drugs. The program will teach you how to reduce your chances of having future alcohol or drug related problems.

**COMPLETION OF THE DUI, ALCOHOL OR DRUG RISK REDUCTION PROGRAM**

**Some** offenses that require completion of the DUI, Alcohol or Drug Risk Reduction Program are DUI, including Habitual Violator status, Drug Possession, and Underage Alcohol Possession While Operating a Vehicle. Judges will sometimes order people to attend the Risk Reduction Program for other offenses. At the Risk Reduction Program you will take an assessment, and attend a 20-hour Intervention course. The results of your assessment are confidential, and will not appear on your driving record. You will learn about your assessment results during class. If you have questions, please talk to your Instructor after you begin class.

**It** is against the law for any of the following people to tell you that you have to attend a particular DUI Risk Reduction Program (DUI school): a Judge or other employee of a court, a Probation Officer, or anyone who works at the Probation office, or a Law Enforcement Officer. A Judge or Probation Officer may require you to bring proof that you completed the DUI School, but they cannot tell you which school you have to attend.

**IF YOU HAVE RECEIVED 2 OR MORE DUI'S IN THE PAST 5 YEARS**

**The** Adult and Teenage Driver Responsibility Act was passed in 1997 by the Georgia legislature. This law requires persons who have received 2 or more DUI's in a five-year period to get a substance abuse clinical evaluation and, if necessary, complete a treatment program. This law is effective for people arrested after July 1, 1997 for at least their 2<sup>nd</sup> DUI in five years.

**After** you complete the Risk Reduction Program, you must get a clinical evaluation. This clinical evaluation is different from the assessment questionnaire you complete at the Risk Reduction Program. The Evaluator is a substance abuse professional who will interview you in person. He/she will have the results of your assessment survey to review before meeting with you. The Risk Reduction Program will provide a registry from the State Department of Human Resources (DHR) listing all approved Evaluators in your area. You may choose any Evaluator on the registry. After you choose an Evaluator, you will need to sign a Release of Information form and pay a \$10.00 transfer fee, so that the Risk Reduction Program can send a copy of your assessment to the Evaluator. The cost range for each Evaluator is listed on the registry, and prices generally start around \$75.00. If the Evaluator offers reduced prices based on your income that will be listed on the registry as *sliding scale available*. You will have to call or go to the Evaluator to see if you qualify for a reduced price.

**Some** Risk Reduction Programs may have a Clinical Evaluator available, but you are not required to get your clinical evaluation at their facility. However, a Judge may require that you get your evaluation from a particular Evaluator on the registry. Although, a Judge cannot send you to a certain Risk Reduction Program, he/she can order you to go to a certain Clinical Evaluator or Treatment Provider.

**After** completing the clinical evaluation, the Evaluator may recommend that you attend a Treatment Program. The Clinical Evaluator will make a recommendation for a level of service you will need and give you a DHR-approved registry of treatment providers in your area. The minimum period of treatment is 120 days and the maximum period is one year to be determined by your Treatment Provider. The Evaluator and the Risk Reduction Program cannot refer you to a particular Treatment Provider. In addition, you cannot receive treatment services from the person who does your clinical evaluation. If you have someone in mind for treatment, do not select that person for your clinical evaluation.

**NOTE:** To be eligible for driver license reinstatement, you have to go to a Clinical Evaluator and Treatment Provider that are on the DHR-approved registries.

*I have read the above information, or the program has read it to me. I have received a copy of this form. The program has given me a class schedule showing the dates and times for the full 20 hours of classes. I can attend class at this location on the scheduled dates.*

\_\_\_\_\_  
Student Signature  
Form 1160

\_\_\_\_\_  
Date

(Revised 10/06)

NAME OF PROGRAM  
 DDS PROGRAM CERTIFICATION NUMBER  
 ADDRESS  
 TELEPHONE NUMBER

## ASSESSMENT COMPONENT CONTRACT

Name: \_\_\_\_\_ Assessment Date: \_\_\_\_\_

Address: \_\_\_\_\_ Location: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Amount Paid: **\$75.00**

Phone: Home ( ) \_\_\_\_\_ Social Security #: \_\_\_\_\_

Work ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Person Administering Assessment: \_\_\_\_\_

Driver's License # / State: \_\_\_\_\_

\_\_\_\_\_

I, the undersigned client, agree to complete the Assessment Component administered by the above-named DUI, Alcohol or Drug Use Risk Reduction Program. It is understood that this Program is certified by the Department of Driver Services in accordance with Georgia Law Title 40-5-82, 40-5-83, and the Rules and Regulations promulgated thereunder; and that this Program is certified by the Department of Driver Services to administer the Assessment Component.

**ABOVE-NAMED CLIENT AGREES TO THE FOLLOWING CONDITIONS:**

1. To pay assessment fee at time of registration. Client may not take the assessment until the \$75.00 fee has been paid.
2. Assessment is valid for a one-year period. If the client does not enroll in the Intervention course within the one-year period, another assessment and assessment fee will be required.
3. This assessment is valid only for the conviction(s) or plea(s) of nolo contendere for which you are currently enrolling. Any other conviction(s), plea(s) of nolo contendere will require another assessment.
4. The assessment cannot be transferred to any other certified Program, including programs under the same ownership. Client must be prepared to complete course requirements at the location where the assessment was taken. Programs must have a minimum of five students to hold a class. In the unlikely event a program has to cancel a class for which you have enrolled and paid, you are entitled to have your assessment transferred one time to any DUI School in the State.
5. You are responsible for providing correct and accurate information on the assessment. The assessment fee will not be refunded if you provide incorrect information and the assessment is determined to be "invalid."
6. The assessment must be completed before the student begins the Intervention course.
7. If you have had two or more DUI's in the past five years, you are required to undergo a clinical evaluation. There will be an additional fee of \$10.00 to transfer the assessment information to the Clinical Evaluator of your choice.

**ABOVE-NAMED PROGRAM AGREES TO THE FOLLOWING CONDITIONS:**

1. This Program has, and shall maintain for the protection of the contractual rights to the clients, a performance bond written by a bonding company authorized to do business in the State of Georgia.
2. This Program will not refund any fees if the Program is willing and able to fulfill all terms of this contract.
3. This Program shall provide the client with a written schedule of classes for the current quarter, to include dates, times and location of class. The client shall receive this information **before taking the assessment.**
4. Upon receipt of the \$10.00 transfer fee, and signed authorization, the program shall forward the assessment results to the chosen Clinical Evaluator within five (5) business days.

**THIS** agreement constitutes the contract between the above-named DUI, Alcohol or Drug Use Risk Reduction Program, and the above-named client and no verbal statement will be recognized.

**THIS AGREEMENT CONSTITUTES A RECEIPT FOR PAYMENT OF ASSESSMENT FEES.** Assessment fees are set by Georgia law. No Program may charge more or less.

**The** above-named client acknowledges that he/she has read this agreement or that it has been read to him/her, and that he/she has received a written schedule of classes, and that he/she can complete class at this program location. Client and Program understand their respective responsibilities and agree to the terms of this contract.

SIGNATURE OF CLIENT

DATE

SIGNATURE OF AUTHORIZED PROGRAM OFFICIAL

DATE

## NEEDS SURVEY

RESPONDENT INITIALS: \_\_\_\_\_

## OFFICIAL USE DATA A

(Pertains to Substance Use/Abuse only)

MOST RECENT BAC ..... \_\_\_\_\_

# OF ALCOHOL/DRUG ARRESTS ..... \_\_\_\_\_

(Include DUI's)

# OF INPATIENT SUB. AB. TX ..... \_\_\_\_\_

# OF OUTPATIENT SUB. AB. TX ..... \_\_\_\_\_

# OF MEDICAL SUB. AB. DETOX ..... \_\_\_\_\_

## OFFICIAL USE DATA B

(Pertains to matters other than Substance Use/Abuse)

# OF TRAFFIC TICKETS ...(Last 5 Years)..... \_\_\_\_\_

# OF MISDMR CONVICTIONS ...(Lifetime)..... \_\_\_\_\_

# OF FELONY CONVICTIONS ...(Lifetime)..... \_\_\_\_\_

# OF REVOCATIONS (Probation/Parole)(Lifetime) \_\_\_\_\_

# OF PROB / PAROLE SUPVNS .....(Lifetime)... \_\_\_\_\_

# OF INCARCERATIONS .....(Lifetime)... \_\_\_\_\_

(DO NOT include any items already reported in Data A Box)

BIRTH DATE: \_\_\_\_\_

(Example: 01011997)

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I.: \_\_\_\_\_

DRV'S LIC.# / I.D. # : \_\_\_\_\_ DATE: \_\_\_\_\_

(Example: 01011997)

AGE: \_\_\_\_\_ SEX? \_\_\_\_\_ YEARS OF SCHOOL (GED = 12) \_\_\_\_\_

WHAT IS YOUR RACE? \_\_\_\_\_

1. White

2. African American

3. Hispanic

4. Native American

5. Asian

6. Multi-Racial / Other

7. Refused

FINISH TIME: \_\_\_\_\_

NUMBER OF MINUTES: \_\_\_\_\_

(Round to the nearest minute)

START TIME: \_\_\_\_\_

## \*\* ADDITIONAL REQUIRED DATA \*\*

OFFENSE CODE (Circle One):

1st DUI Guilty	2nd DUI (after 7/01/97)	Drug Possession 1st Offense	Drug Possession 2nd Offense	Drug Possession & DUI (same arrest)	Unlawful Alc. Poss. While Operating Motor Vehicle	Boating Under the Influence	Under Age Purchase or Poss. of Alcohol	DUI Under Age 21	2nd DUI Under Age 21	Out of State Driver's License	Other Referrals	Habitual Offender (prior to 7/01/97)	Habitual Offender (after 7/01/97)	Attending for Points Reduction
663	722	120	321	125	432	563	569	383	384	777	888	999	222	100

A: SOCIAL SECURITY #: .....

B: PROGRAM CERTIFICATION: .....

D: COUNTY CODE (3 digit number): .....

P.9	P.8	P.7	P.6	P.5	P.4	P.3	P.2	P.1	SIDE 2
130 E	123	114	97 C Y C N	75 C Y C N	53 C Y C N	30 C Y C N	12 C Y C N	1	
			98 C Y C N	76 C Y C N	54	31 C Y C N	13 C Y C N		
130 F						32 C Y C N	14 C Y C N	2	
	124		99	77		33 C Y C N	15 C Y C N		
		115 C Y C N			55 C Y C N	34 C Y C N	16 C Y C N	3	
130 G					56 C Y C N				
	125	116	100 C Y C N	78	57 C Y C N	35 C Y C N	17		
					58 C Y C N	36 C Y C N			
			101 C Y C N	79 C Y C N		37 C Y C N			
			102 C Y C N	80 C Y C N	59 C Y C N	38 C Y C N		4	
		117			60 C Y C N		39 C Y C N		
	126		103 C Y C N	81 C Y C N	61 C Y C N	40 C Y C N	18	5	
		118	104 C Y C N	82 C Y C N	62	41 C Y C N			
			105 C Y C N	83 C Y C N		42 C Y C N			
	127		106 C Y C N	84 C Y C N	63 C Y C N	43 C Y C N	19 C Y C N	6	
		119	107 C Y C N	85 C Y C N	64	44	20 C Y C N		
	128		108 C Y C N	86 C Y C N			21	7	
			109 C Y C N	87 C Y C N					
		120	110 C Y C N	88	65 C Y C N		22 C Y C N	8	
	129 C Y C N		111		66 C Y C N	45	23 C Y C N		
							24 C Y C N		
	130 A	121		89 C Y C N	67 C Y C N		25 C Y C N		
				90 C Y C N	68 C Y C N	46 C Y C N			
	130 B		112	91 C Y C N	69 C Y C N	47 C Y C N	26 C Y C N	9	
					70 C Y C N	48 C Y C N	27 C Y C N		
		122		92 C Y C N	71 C Y C N	49 C Y C N	28	10	
	130 C		113	93 C Y C N	72 C Y C N	50 C Y C N			
				94 C Y C N	73 C Y C N	51 C Y C N			
				95 C Y C N	74 C Y C N	52 C Y C N	29	11	
	130 D			96 C Y C N					

## **OFFENSE CODES**

- 100 POINTS REDUCTION
- 663 DUI – 1<sup>ST</sup> OFFENSE
- 722 DUI – 2<sup>ND</sup> OFFENSE
- 120 DRUG POSSESSION – 1<sup>ST</sup> OFFENSE
- 321 DRUG POSSESSION – 2<sup>ND</sup> OFFENSE
- 125 DUI & DRUG POSSESSION (same arrest)
- 432 UNLAWFUL POSSESSION OF ALCOHOL  
WHILE OPERATING A MOTOR VEHICLE
- 563 BOATING UNDER THE INFLUENCE
- 569 UNDERAGE PURCHASE OR  
POSSESSION OF ALCOHOL
- 383 DUI – UNDER AGE 21
- 384 2<sup>ND</sup> DUI – UNDER AGE 21
- 777 OUT-OF-STATE DRIVERS LICENSE
- 888 OTHER REFERRALS
- 999 HABITUAL OFFENDERS  
(arrested prior to 7/1/97)
- 222 HABITUAL OFFENDERS  
(arrested on/after 7/1/97)

Georgia Department of Human Resources  
Division of Mental Health, Mental Retardation and Substance Abuse  
DUI, Alcohol or Drug Risk Reduction Program

**COUNTY CODES**

<u>CODE</u>	<u>COUNTY</u>
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001	APPLING
002	ATKINSON
003	BACON
004	BAKER
005	BALDWIN
006	BANKS
007	BARROW
008	BARTOW
009	BEN HILL
010	BERRIEN
011	BIBB
012	BLECKLEY
013	BRANTLEY
014	BROOKS
015	BRYAN
016	BULLOCH
017	BURKE
018	BUTTS
019	CALHOUN
020	CAMDEN
021	CANDLER
022	CARROLL
023	CATOOSA
024	CHARLTON
025	CHATHAM
026	CHATTAHOOCHE
027	CHATTOOGA
028	CHEROKEE
029	CLARKE
030	CLAY
031	CLAYTON
032	CLINCH
033	COBB
034	COFFEE
035	COLQUITT
036	COLUMBIA
037	COOK
038	COWETA
039	CRAWFORD
040	CRISP
041	DADE
042	DAWSON
043	DECATUR
044	DEKALB
045	DODGE
046	DOOLY
047	DOUGHERTY
048	DOUGLAS
049	EARLY
050	ECHOLS
051	EFFINGHAM
052	ELBERT
053	EMANUEL

<u>CODE</u>	<u>COUNTY</u>
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054	EVANS
055	FANNIN
056	FAYETTE
057	FLOYD
058	FORSYTH
059	FRANKLIN
060	FULTON
061	GILMER
062	GLASCOCK
063	GLYNN
064	GORDON
065	GRADY
066	GREENE
067	GWINNETT
068	HABERSHAM
069	HALL
070	HANCOCK
071	HARALSON
072	HARRIS
073	HART
074	HEARD
075	HENRY
076	HOUSTON
077	IRWIN
078	JACKSON
079	JASPER
080	JEFF DAVIS
081	JEFFERSON
082	JENKINS
083	JOHNSON
084	JONES
085	LAMAR
086	LANIER
087	LAURENS
088	LEE
089	LIBERTY
090	LINCOLN
091	LONG
092	LOWNDES
093	LUMPKIN
094	MACON
095	MADISON
096	MARLOM
097	MCDUFFIE
098	MCINTOSH
099	MERIWETHER
100	MILLER
101	MITCHELL
102	MONROE
103	MONTGOMERY
104	MORGAN
105	MURRAY
106	MUSCOGEE

<u>CODE</u>	<u>COUNTY</u>
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107	NEWTON
108	OCONEE
109	OGLETHORPE
110	PAULDING
111	PEACH
112	PICKENS
113	PIERCE
114	PIKE
115	POLK
116	PULASKI
117	PUTNAM
118	QUITMAN
119	RABUN
120	RANDOLPH
121	RICHMOND
122	ROCKDALE
123	SCHLEY
124	SCREVEN
125	SEMINOLE
126	SPALDING
127	STEPHENS
128	STEWART
129	SUMTER
130	TALBOT
131	TALLAFERRO
132	TATTNALL
133	TAYLOR
134	TELFAIR
135	TERRELL
136	THOMAS
137	TIFT
138	TOOMBS
139	TOWNS
140	TREUTLEN
141	TROUP
142	TURNER
143	TWIGGS
144	UNION
145	UPSON
146	WALKER
147	WALTON
148	WARE
149	WARREN
150	WASHINGTON
151	WAYNE
152	WEBSTER
153	WHEELER
154	WHITE
155	WHITFIELD
156	WILKES
157	WILKES
158	WILKINSON
159	WORTH
<b>999</b>	<b>OUT-OF-STATE</b>

**NEEDS TRANSFER TO “RISK REDUCTION PROGRAM”**

**TO:** \_\_\_\_\_  
**Risk Reduction Program Name** \_\_\_\_\_ **Program ID #** \_\_\_\_\_

\_\_\_\_\_  
**Mailing Address** *(include city & zip code)*

\_\_\_\_\_

**FROM:** \_\_\_\_\_  
**Risk Reduction Program Name** \_\_\_\_\_ **Program ID #** \_\_\_\_\_

\_\_\_\_\_  
**Contact Person**

\_\_\_\_\_  
**Telephone Number** *(include area code)*

**RE:** \_\_\_\_\_  
**Student’s Name**

\_\_\_\_\_  
**Student’s Address** *(include city & zip code)*

\_\_\_\_\_

\_\_\_\_\_  
**Student’s Telephone Number** *(include area code)*

\_\_\_\_\_  
**Driver’s License or Social Security Number**

\_\_\_\_\_  
**Date of Transfer**

The above named student has completed a Release of Information, and has requested that his/her NEEDS Assessment be forwarded to the DUI, Risk Reduction Program mentioned above for completion of his/her 20-hour intervention class.

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Signature of Program Official**

# Georgia 20-Hour Program Syllabus

## Session One (3½ hours)

(PAGES)

**Starting PRIME For Life (Introduction/Rules)** ..... 10-15 minutes (Resource Disc)

### Unit 1—Preventing

- What Do I Value?
  - **Activity—*What is Most Important to Me?*** ..... 10 minutes (1-4)
- Two Types of Problems ..... 15 minutes (4-5)
  - What Would Most People Say: 3 Questions
- Heart Disease ..... 30-45 minutes (6-15)
  - **Activity—*Risks We Can and Cannot Change***
  - Biology
  - Choices
  - Psychological Influences
  - Social Influences
- Break ..... 10-15 minutes
- What Kind of Person? ..... 10 minutes (15-18)
- Alcoholism and Drug Addiction ..... 60 minutes (19-33)
  - Body, Brain, Biology
    - Adoption Research
  - Choices
  - Psychological Influences
  - Social Influences
    - **Activity—*Reflection Question***
- Break ..... 10-15 minutes
- Impairment Problems ..... 30-45 minutes (34-47)
  - High Tolerance
    - **Activity—*Reflection Question***
  - What Else Increases Risk for Impairment?
  - Choices
  - Psychological Influences
    - Can I Avoid Problems With a Designated Driver?
    - Can We Overcome Impairment with Extra Effort?
  - Social Influences
  - What about Drugs and Impairment? ..... 20-30 minutes (48)
- Break ..... 10 minutes
- Preventing Both Health and Impairment Problems
- Two Questions ..... 5 minutes (49)

## Session Two (3½ hours)

### Unit 1— Preventing (continued)

- What is Low Risk for Drugs?..... 5 minutes (49-50)
- What is Low Risk for Alcohol?..... 5 minutes (50-53)
- Defining a Drink..... 10-15 minutes (54-55)
- Risk is Related to Quantity and Frequency..... 5-10 minutes (55-57)
- Building Low-Risk Guidelines..... 10 minutes (57-63)
- Understanding Biological Risk Factors..... 10 minutes (63-64)
  - Tolerance Level and Trigger Level..... 5 minutes (64-67)
  - Adjusting for Biology..... 10-15 minutes (67-68)
    - **Activity—R.L. and K.C.**
- Do I have Biological Risk Factors?..... 10-15 minutes (68-71)
  - **Activity—My Formula**
  - **Activity—Reflection Questions**
- Break..... 10-15 minutes

### Unit 2—Reflecting

- Phases Of Use
  - **Activity—Self Assessment**..... 5 minutes (75)
  - Phase 1..... 10 minutes (76-78)
  - Phase 2..... 45 minutes (78-85)
- Break..... 10-15 minutes
  - Phase 3..... 60 minutes (86-99)
    - **Activity—Reflection Question**

## Session Three (3½ hours)

### Unit 2—Reflecting (continued)

- Phases Of Use
  - Review of Phases 1-3..... 10 minutes
  - Phase 4..... 30-45 minutes (100-110)
    - **Activity—Reflection Questions**
  - **Activity—Self Assessment**..... 5-10 minutes (110-111)
- Break..... 10 minutes
  - NEEDS Return..... 20 minutes (111)
- Break and set up room..... 15 minutes
- Making the Risk Real..... (112-116)
  - Film..... 35-50 minutes (112-113)
  - Cards/Processing Questions..... 60 minutes (114-116)
    - **Activity—Reflection Question**

## Session Four (3½ hours)

### Unit 2—Reflecting (continued)

- The Spiral.....(117-130)
  - How the Spiral Can Trick Us.....10 minutes (118-120)
    - **Activity—A Closer Look at My Drinking Choices**.....10-15 minutes (120-121)
  - Enabling and Psychological Defenses.....10 minutes (121-124)
  - The Unexamined: Things We May Overlook
    - **Activity—What My Arrest Cost Me**.....15 minutes (124-125)
  - Blackouts, SDL, Withdrawal Learning and Impaired Thinking.....10 minutes (125-130)
- Learning to See the Spiral .....15-20 minutes (130-132)
- Break.....10-15 minutes
  - **Activity—A Timeline of My Own Experiences**.....20-30 minutes (132-133)
  - **Activity—Optional Review Questions**.....(133-135)

### Unit 3—Protecting

- **Activity—Protecting What I Value**.....10-15 minutes (137-138)
- Break.....10-15 minutes
- **Activity—Pros and Cons**.....30-40 minutes (138-140)
- **Activity—Thinking About My Future**.....15 minutes (140-141)
- Choices and Outcomes.....10 minutes (141-142)
  - **Activity—My Formula**

## Session Five (3 hours)

### Unit 3—Protecting (continued)

- Social support: My Relationship to Others.....30-50 minutes (142-143)
  - **Activity—Finding Social Support**
  - **Activity—My Formula**
- Break.....10 minutes
- Support Video and/or Guest Speaker.....30-60 minutes (144-146)
- Break.....10 minutes
- Psychological Support .....20-30 minutes (146-148)
  - **Activity—Support Inside Myself**
  - **Activity—My Commitment**
  - Change Your Brain.....16-20 minutes (149-150)
- Planning.....5-10 minutes (151)
  - **Activity—My Plan**.....20-30 minutes (152)

## Session Six (3 hours)

### Unit 3—Protecting (continued)

- **Activity—*Overcoming State Dependent Learning***..... 20-30 minutes (153-154)
- **Activity—*Finding Fun, Relaxation, and Excitement***..... 20-30 minutes (154-156)
- Break..... 10-15 minutes
- **Activity—*Be Ready; Be Quick***..... 20-30 minutes (156-158)
- **Activity—*Rewarding Myself***..... 15 minutes (158-159)
- Break..... 10-15 minutes
- **Activity—*My Letter***..... 15-25 minutes
- Drawing to a Close..... 15-25 minutes (160-163)
  - Post Test, Evaluations, Certificates

# DUI RISK REDUCTION PROGRAM QUARTERLY SCHEDULE

First Schedule for Quarter ☐Revised Schedule ☐

Revision Date

COUNTY \_\_\_\_\_ QUARTER/YEAR \_\_\_\_\_ PROGRAM NAME \_\_\_\_\_ PROGRAM NUMBER \_\_\_\_\_

➤ **MONTH:**CLASS DATES


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CLASS TIME


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INSTRUCTOR


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➤ **MONTH:**CLASS DATES


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CLASS TIME


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INSTRUCTOR


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➤ **MONTH:**CLASS DATES


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CLASS TIME


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INSTRUCTOR


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NAME OF PROGRAM  
 DDS PROGRAM CERTIFICATION NUMBER  
 OFFICE ADDRESS  
 TELEPHONE NUMBER  
 CLASSROOM ADDRESS (if different)

## INTERVENTION CONTRACT

20-Hour Intervention Course / \$190.00

Required Student Program Materials Fee / \$15.00

AMOUNT PAID \$

THESE FEES ARE REQUIRED AND AUTHORIZED BY GEORGIA LAW

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_ SS Number: \_\_\_\_\_

 Dates of Course: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 MONTH DAYS YEAR

Times of Course: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

 Name of Instructor: \_\_\_\_\_ Instructor ID # \_\_\_\_\_  
 RESCHEDULED

 Dates of Course: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 MONTH DAYS YEAR

Times of Course: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of Instructor: \_\_\_\_\_ Instructor ID # \_\_\_\_\_

I, the undersigned student, agree to complete the above referenced course at the above-named DUI, Alcohol or Drug Use Risk Reduction Program. It is understood that this Program is certified by the Department of Driver Services in accordance with Georgia Law Title 40-5-83, and the rules and regulations promulgated thereunder; and that the above-named Instructor is certified by the Department of Driver Services.

**THE STUDENT'S SUCCESSFUL COMPLETION OF THE COURSE REQUIRES COMPLIANCE WITH THE CONDITIONS LISTED BELOW:**

- The student must pay all fees before beginning class.
- The student must arrive on time for each class; students arriving late will not be admitted.
- The student must be properly dressed for class.
- The student must be sober and drug free. Any student who arrives for class while under the influence of alcohol or other drugs will be expelled from the course.
- Students who are disruptive during class will be expelled.
- Cell phones and beepers are prohibited from ringing during all class sessions. Phones and beepers must be turned off or placed on vibrate mode.
- The student must be alert, participate in class discussion, and complete all class and homework assignments.
- The student must pass the final exam with a grade of 70% or more.
- The student must attend all sessions in scheduled sequence. A student will not be allowed to attend the next session after missing a class.
- The student must contact the program office by 3:00 p.m. the next business day following a missed session to be eligible for an Excused absences are:
  - ♦ Emergency Military Leave ♦ A medical emergency involving a student or an immediate family member, or the death of a student's immediate family member ♦ A genuine emergency documented in writing and approved by the Program Director. The student must provide a written excuse from a doctor, military commanding officer, or documentation of other emergency acceptable to the Program, within 7 days following the missed session to be eligible for an excused absence. The student will be rescheduled one time at no charge. If the student reschedules for a class that begins within 60 days of the missed session, the student may begin at the missed session and continue the course until completed. If the student reschedules for a class that begins more than 60 days after the missed session, the student must start from the first session of the course. The Instructor and/or Program Official may expel a student for any violation of program requirements described in this contract. Students expelled for failure to meet the conditions of this contract will forfeit the \$190.00 Intervention course fee.
- A program is required by the State to have a minimum of five (5) students to hold class. In the unlikely event a program has to cancel a class, you are entitled to a refund of class fees to enroll at another program. Or, you may reschedule for another class at this program location. Class fees are not transferable to another program.

The above-named DUI, Alcohol or Drug Use Risk Reduction Program will not refund any fees to the above-named student if the Program is willing and able to perform all conditions stated in this contract.

No agent of the above-named DUI, Alcohol or Drug Use Risk Reduction Program shall solicit or make available to a student any products or services which require the student to pay an additional fee(s).

No agent of the above-named DUI, Alcohol or Drug Use Risk Reduction Program shall imply to any student that completion of this course will guarantee reinstatement of the student's driver's license. However, this Program shall issue a "Certificate of Completion" to the above-named student at the end of class when all course requirements has been satisfactorily completed by the student.

The above-named DUI, Alcohol or Drug Use Risk Reduction program has, and shall maintain for the protection of the contractual rights of the students, a performance bond, written by a bonding company authorized to do business in the State of Georgia.

This agreement constitutes the entire Intervention contract between the above-named DUI, Alcohol or Drug Use Risk Reduction Program and the above-named student. No verbal modifications will be recognized.

The above-named student acknowledges that he/she has read this agreement or that it has been read to him/her. Student and Program understand their respective responsibilities and agree to abide by the terms of this contract.

**THIS CONTRACT IS A RECEIPT FOR PAYMENT OF ALL COURSE FEES.** Course fees are set by law, and no Program may charge more or less. Programs are allowed by law to charge \$5.00 for a replacement Certificate.

SIGNATURE OF STUDENT \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF AUTHORIZED PROGRAM OFFICIAL \_\_\_\_\_

DATE \_\_\_\_\_

**EXHIBIT #10**

**CLASS ROLL**

**PROGRAM NAME:** \_\_\_\_\_ **ID #:** \_\_\_\_\_

**INSTRUCTOR NAME & ID #:** \_\_\_\_\_ **CLASS DATES:** \_\_\_\_\_

<b>SESSION 1</b> <b>Student Signatures</b>	<b>SESSION 2</b> <b>Student Signatures</b>	<b>SESSION 3</b> <b>Student Signatures</b>	<b>SESSION 4</b> <b>Student Signatures</b>	<b>SESSION 5</b> <b>Student Signatures</b>	<b>SESSION 6</b> <b>Student Signatures</b>

I certify as the Instructor of this class, that there were \_\_\_\_\_ 20-hour students in attendance who met all of the requirements for completion of the Risk Reduction Program. I personally issued \_\_\_\_\_ students a Certificate of Completion with my signature.

\_\_\_\_\_  
INSTRUCTOR SIGNATURE

\_\_\_\_\_  
DATE

Page \_\_\_\_ of \_\_\_\_ (attach additional pages as needed)

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## GUIDELINES FOR LOCAL AREA ALCOHOL AND DRUG HELP LIST

---

- A. Each Program must develop a Local Area Alcohol and Drug Help List which should include telephone numbers for the following:**
- **AA, Al-Anon, Narcotics Anonymous, Cocaine Anonymous, etc., other self-help and support groups.**
  - **State toll-free HELP-LINE (1-800-338-6745).**
  - **Cocaine Hotline (1-800-COCAINE).**
  - **Local area Mental Health and Substance Abuse Centers.**
  - **Private Substance Abuse Treatment Centers in the area.**
  - **The Council on Alcohol and Drugs, Inc. (770-239-7442) for metro Atlanta only. Other cities may have similar organizations.**
  - **Non-profit organizations that provide treatment services or referral, such as the Salvation Army and United Way.**
- B. The following disclaimer must be printed on the bottom of the list for Multiple Offenders or anyone else required to choose a treatment provider by DHR:**
- “FOR LICENSE REINSTATEMENT, MULTIPLE DUI OFFENDERS CAN ONLY ATTEND A TREATMENT PROGRAM APPROVED BY DHR. A LIST OF APPROVED PROVIDERS IS AVAILABLE THROUGH A MULTIPLE OFFENDER CLINICAL EVALUATOR.”***
- C. An up-to-date copy of each Programs Local Area Alcohol and Drug Help List must be sent to the department. Telephone numbers should be verified and listings updated as needed, but no less than once a year.**

Georgia Department of Driver Services  
**RELEASE OF INFORMATION TO “CLINICAL EVALUATOR”**

**I HEREBY REQUEST AND AUTHORIZE**

\_\_\_\_\_  
Name of Risk Reduction Program

\_\_\_\_\_  
Program ID Number

*to transfer my NEEDS Assessment Results along with transfer information to the following Clinical Evaluator:*

\_\_\_\_\_  
Name of Evaluator

\_\_\_\_\_  
Provider Number

The purpose for the release of information is to provide the clinical evaluator the results of the NEEDS screening in accordance with O.C.G.A. 37-7-2, 40-5-1 AND 40-5-63.1.

I understand that I am responsible for paying the \$10.00 transfer fee to the above Risk Reduction Program. I have been provided a copy of the Department of Human Resources Registry of Clinical Evaluators and have chosen the above named Clinical Evaluator. I further understand that if I should choose to obtain a second clinical evaluation I must return to the above named Risk Reduction Program, pay an additional \$10.00 transfer fee and sign another Release of Information.

I understand that the information and records transferred to the clinical evaluator are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at anytime except to the extent that action has been taken in reliance on it, and that in any event this consent expires 60 days from the date it was signed.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Program Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent of Authorized Representative for Client under 18 years

\_\_\_\_\_  
Date

**USE THIS SPACE ONLY IF CLIENT WITHDRAWS CONSENT**

\_\_\_\_\_  
Date this consent is revoked by Client

\_\_\_\_\_  
Signature of Client

**THIS ACKNOWLEDGES THAT THE CLIENT HAS PAID THE \$10.00 TRANSFER FEE AND THAT THE ABOVE INFORMATION WILL BE FORWARDED TO THE ABOVE CLINICAL EVALUATOR WITHIN FIVE BUSINESS DAYS.**

\_\_\_\_\_  
Signature of Program Official

## **NEEDS TRANSFER TO “CLINICAL EVALUATOR”**

**TO:** \_\_\_\_\_ **C** \_\_\_\_\_  
**Clinical Evaluator** **Provider Number**

\_\_\_\_\_  
**Mailing Address** *(include city & zip code)*

\_\_\_\_\_

---

**FROM:** \_\_\_\_\_ **Program ID Number**  
**Risk Reduction Program**

\_\_\_\_\_  
**Contact Person**

\_\_\_\_\_  
**Telephone Number** *(include area code)*

---

**RE:** \_\_\_\_\_  
**Client Name**

\_\_\_\_\_  
**Client Address** *(include city & zip code)*

\_\_\_\_\_

\_\_\_\_\_  
**Client Telephone Number** *(include area code)*

\_\_\_\_\_  
**Driver's License or Social Security Number**

\_\_\_\_\_  
**Date of Class Completion**

\_\_\_\_\_  
**Certificate of Completion Number**  
*(DDS ID # to be used on reporting forms)*

---

The above named client has completed a Release of Information, and has requested that his/her NEEDS Screening Results must be forwarded to you for completion of a Clinical Evaluation.

\_\_\_\_\_  
**Signature of Program Official**

**EXHIBIT #14**

Page\_\_\_\_\_of\_\_\_\_\_Pages      Disk #128      April , 2001  
MONTH      YEAR

\_\_\_\_\_/\_\_\_\_\_  
PROGRAM NAME      CERTICIATION      FACS # 0011  
NUMBER      Check Amount \$\_\_\_\_\_  
Check Number \_\_\_\_\_  
(ATTACH COPY OF CHECK/MO)

LOCATION

NAME OF STUDENT	DL Number	Offense	Date	Summary
As it appears on Driver's License	OR	Code	of	Score
-----	SS Number		Birth	
#.	(Last, First, MI)			
1.	Brandon, Marilyn	777-66-5555	663	05/ 05 / 07
				20      07/ 06 /55

**Total Number of Students**\_\_\_\_\_ **x \$15.00 rebates =** \_\_\_\_\_

(Note: Total from this page AND continuation pages)

**Amount of Check**

**I do hereby solemnly swear / or affirm as the Owner / Director of the above named Program that this Assessment Roster includes the names of all persons assessed or attending who did not require Assessment by this Program during the Month of \_\_\_\_\_, \_\_\_\_\_. Further, the rebate fee is being paid for each of the persons assessed or attending who did not Require assessment in the above month in accordance with O.C.G.A. 40-5-82(c), and the DDS Rules and Regulations, Chapter 290-4-10.**

\_\_\_\_\_  
**Signature of Owner / Program Director**

\_\_\_\_\_  
**Date**

**EXHIBIT #15****CLASS ROSTER – DUI, ALCOHOL OR DRUG RISK REDUCTION PROGRAM**

Program Name		ID#		Instr. Name		ID#	
Class Dates							Yr.
Class Times							
#	Student Name <i>(last, first, middle)</i>	Driver's License #	Social Security #	Birth Date	Assess. Date	Certificate #	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							

Comments *(substitute Instructor/dates, students making up excused absences, approved transfers/approving DDS staff member, other)*

I hereby solemnly swear or affirm as the owner or program director of this program that this class roster includes names of all students attending the above class. These students were assessed at the above program location *(except for DDS approved transfers)*; these students attended class only on the above dates; and each student met all the requirements according to DDS rules, Chapter 290-4-10.

Signature of Program Owner/Director

Date



## GEORGIA DEPARTMENT OF DRIVER SERVICES DUI, ALCOHOL OR DRUG USE RISK REDUCTION PROGRAM

### CERTIFICATE OF COMPLETION

This is to certify that the individual identified below has satisfactorily completed the requirements for successful completion of the DUI, Alcohol or Drug Use Risk Reduction Program as defined by O.C.G.A. 40-5-1 and DDS Rules and Regulations.

Date of Assessment: \_\_\_\_\_

Dates of Class Attendance: \_\_\_\_\_ Date of Class Completion: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Program Name: \_\_\_\_\_ Program ID #: \_\_\_\_\_

Program Address: \_\_\_\_\_

Program Telephone Number: (       ) \_\_\_\_\_

**I do solemnly swear/affirm as the certified Instructor that the above individual attended class on the dates specified above and met the requirements for completion of a DUI, Alcohol or Drug Use Risk Reduction Program as defined by O.C.G.A. 40-5-1 and DDS Rules and Regulations.**

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Instructor ID#

If the reinstatement of your driver's license requires a fee, mail this certificate and \$200.00 (cashier's check, certified check or money order) to Georgia Department of Driver Services, 2206 East View Parkway, Conyers, GA 30013. If no fee is required, mail to Georgia Department of Driver Services, P.O. Box 80447, Conyers, GA 30013. **If this certificate is presented in person, the reinstatement fee will be \$210.00.**

WARNING: PURSUANT TO TITLE 16 OF THE GEORGIA CODE IT IS A CRIME TO KNOWING AND WILLFULLY ALTER, FALSIFY OR FRAUDULENTLY USE THIS DOCUMENT IN ANY MANNER WHATSOEVER.

**Photocopies of this form will NOT be accepted** by the Department of Driver Services or the Courts for reinstatement purposes.

**WHITE COPY – Must be submitted to the Department of Driver Services**  
**YELLOW COPY – Court Copy**  
**PINK COPY – Risk Reduction Program**

# CERTIFICATES OF COMPLETION

(Form 1136)

## **REQUISITION FORM**

Program Name:  ID #:

Program Mailing Address:

CityStateZip:

Telephone Number:

Quantity of *COC*'s Requested:  Quantity of *RCOC*'s Requested:

Average Monthly Usage of *COC*'s:

\_\_\_\_\_  
Signature of Requisitioner

\_\_\_\_\_  
Requisition Date

**PLEASE ALLOW TWO FULL WEEKS FROM THE DATE OF YOUR REQUISITION TO RECEIVE YOUR SUPPLY OF FORMS. THE ORIGINAL TRANSMITTAL FORM MUST BE RETURNED WITHIN 10 DAYS FROM THE DATE YOU RECEIVED YOUR ORDER.**

**ADDITIONAL CERTIFICATES OF COMPLETION CANNOT BE ISSUED UNTIL THIS FORM HAS BEEN RETURNED TO THIS OFFICE.**

**PLEASE RETURN THIS FORM TO:**

Wanda Sutton  
Department of Driver Services  
Regulatory Compliance Division  
2206 East View Parkway  
Conyers, Georgia 30013  
Fax: 678.413.8736

**DUI, Alcohol or Drug Use Risk Reduction Program**  
**CERTIFICATES OF COMPLETION**  
**TRANSMITTAL FORM**

Certificate of Completion Numbers  *thru*

Total Number of Certificates Issued (COC'S)  (RCOC'S)

Program Name

Program Address

City/State/Zip

Certificates issued by Risk Reduction staff member (signature) \_\_\_\_\_

(date mailed) \_\_\_\_\_

**I HEREBY SWEAR OR AFFIRM THAT I HAVE VERIFIED THIS ORDER AND THAT I HAVE  
RECEIVED THE ABOVE INDICATED CERTIFICATE OF COMPLETION NUMBERS.**

Please fax (678.413.8736) or call (770.918.5864) the Risk Reduction Program Unit immediately if there are any problems with this shipment.

\_\_\_\_\_  
Signature of Program Director or Owner

\_\_\_\_\_  
Date Received

**PLEASE RETURN THIS FORM TO:**

**Wanda Sutton**  
DUI, Alcohol or Drug Use Risk Reduction Program  
Department of Driver Services  
2206 East View Parkway  
Conyers, Georgia 30013

**THIS ORIGINAL FORM MUST BE RETURNED WITHIN 10 DAYS FROM THE DATE RECEIVED.  
ADDITIONAL CERTIFICATES OF COMLETION CANNOT BE ISSUED UNTIL THIS FORM HAS BEEN  
RETURNED TO THIS OFFICE.**

GEORGIA DEPARTMENT OF DRIVER SERVICES  
DUI, ALCOHOL OR DRUG USE RISK REDUCTION PROGRAM

**REPLACEMENT CERTIFICATE OF COMPLETION**

This is to certify that the individual identified below has satisfactorily completed the requirements of the DUI, Alcohol or Drug Use Risk Reduction Program as defined by O.C.G.A. 40-5-1, and DDS Rules and Regulations.

Date of Assessment: \_\_\_\_\_

Dates of Class Attendance: \_\_\_\_\_

Date of Class Completion: \_\_\_\_\_

\_\_\_\_\_  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Student Signature: \_\_\_\_\_

\_\_\_\_\_  
Program Name: \_\_\_\_\_ Program ID #: \_\_\_\_\_

Program Address: \_\_\_\_\_

\_\_\_\_\_  
Program Telephone Number: (       ) \_\_\_\_\_

Original Certificate Number: \_\_\_\_\_

Replacement Fee \$ \_\_\_\_\_  
(Not to exceed \$5.00)

**I do solemnly swear/affirm as the certified Owner/Director or the Instructor who taught the class, that the Program records verify the above individual attended class on the above-mentioned dates, and met all the requirements of O.C.G.A. 40-5-1 and DDS Rules and Regulations.**

\_\_\_\_\_  
Program Official Signature (owner, director, or instructor)

\_\_\_\_\_  
Program/Instructor ID#

**If the reinstatement of your driver's license requires a fee, mail this certificate and \$200.00 (cashier's check, certified check or money order) to the Georgia Department of Driver Services, 2206 East View Parkway, Conyers, GA 30013. If no fee is required, mail to Georgia Department of Driver Services, Post Office Box 80447, Conyers, GA 30013. If this certificate is presented in person, the reinstatement fee will be \$210.00.**

**Photocopies of this form will NOT be accepted by the Department of Driver Services or the Courts for reinstatement purposes.**

WARNING: PURSUANT TO TITLE 16 OF THE GEORGIA CODE, IT IS A CRIME TO KNOWINGLY AND WILLFULLY ALTER, FALSIFY OR FRAUDULENTLY USE THIS DOCUMENT IN ANY MANNER WHATSOEVER.

## **“EMPLOYEE” CONFIDENTIALITY STATEMENT**

As an agent or employee of \_\_\_\_\_, a certified Risk Reduction Program, I understand that all Risk Reduction Program records are confidential under Georgia law. Section 40-5-82(d) of the Georgia Code prohibits me from disclosing a student’s identity, assessment information, or any other student information to anyone (including family members, employers, lawyers and friends, etc.), except the Georgia Department of Driver Services and the Georgia Department of Driver Services, unless the student has signed a written Release of Information giving consent authorizing disclosure.

\_\_\_\_\_  
**Print Agent/Employee Name**

\_\_\_\_\_  
**Agent/Employee Signature**

\_\_\_\_\_  
**Date**

# EMPLOYEE ORIENTATION STATEMENT

---

As an agent or employee of \_\_\_\_\_, a certified Risk Reduction Programs, I hereby certify that I have received orientation on the DUI, Alcohol or Drug Use Risk Reduction Program Rules, Chapter 290-4-10, and the DUI, Alcohol or Drug Use Risk Reduction Program Operations Guidelines. And, specifically as to those portions of the Rules and Guidelines that are applicable to my duties as an agent or employee.

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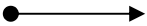
Print Agent/Employee Name

---

Agent/Employee Signature

---

\*Date



---

Print Director's Name

---

Director's Signature

---

\*Date

# **“GENERAL” RELEASE OF INFORMATION FORM**

***I HEREBY REQUEST AND AUTHORIZE:***

\_\_\_\_\_  
Name of Person or Agency Requesting Information

\_\_\_\_\_  
Address

***To obtain from:***

\_\_\_\_\_  
School / Program

\_\_\_\_\_  
Address

***the following type(s) of information from my records (and any specific portion thereof):***\_\_\_\_\_

***for the purpose of:***\_\_\_\_\_

All information I hereby authorize to be obtained from this school / program will be held strictly confidential and cannot be released by the recipient without my written consent. I understand that this authorization will remain in effect for:

☐ ninety (90) days unless I specify an earlier expiration date here:\_\_\_\_\_

☐ one (1) year

☐ the period necessary to complete all transactions on accounts related to services provided to me.

-----  
I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken which was based on my consent, I may withdraw this consent at any time.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date & Relationship to Student

\_\_\_\_\_  
Signature of Parent or Authorized Representative (If Student is under 18 years)

\_\_\_\_\_  
Date

**USE THIS SPACE ONLY IF CLIENT WITHDRAWS CONSENT**

\_\_\_\_\_  
Date this consent is revoked by client

\_\_\_\_\_  
Signature of Client

**EXHIBIT #23**

## RELEASE OF INFORMATION TO “PROBATION OFFICER”

*I HEREBY REQUEST AND AUTHORIZE:*

\_\_\_\_\_  
Name of Risk Reduction Program

*To transfer my NEEDS results to the following:*

\_\_\_\_\_  
Name of Probation Officer *and* Company

Address: \_\_\_\_\_

\_\_\_\_\_  
FAX Number: \_\_\_\_\_

*To disclose to the above named individual the following information:*

- The results of my NEEDS assessment, and any other information regarding my attendance or completion of the Risk Reduction Program.

*The purpose of the disclosure authorized herein is to:*

- ◆ Determine compliance with the conditions of my probation.

I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 41 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires 90 days from the signature date.

\_\_\_\_\_  
Signature of Client / Probationer

\_\_\_\_\_  
Date

EXHIBIT #24

**STATE OF GEORGIA  
DEPARTMENT OF DRIVER SERVICES  
REGULATORY COMPLIANCE DIVISION  
2206 EAST VIEW PARKWAY – P. O. BOX 80447  
CONYERS, GA 30013**

\_\_\_\_\_  
Date Issued

\_\_\_\_\_  
Date Expires

**APPLICATION FOR RISK REDUCTION PROGRAM DIRECTOR RECERTIFICATION**

1. Name: \_\_\_\_\_  
*(last, first, middle)*
2. Program Address *(include city, zip)*: \_\_\_\_\_  
\_\_\_\_\_
3. Program Mailing Address : *(include city, zip)*: \_\_\_\_\_
4. Program Telephone Number:   (        ) \_\_\_\_\_
5. What program(s) are you directing? (You may not direct more than five (5) programs)

**PROGRAM NAME**

**ID NUMBER**

**LOCATION**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. How many contact hours of DDS approved alcohol/drug or group facilitation courses have you accrued in the past 4-years? \_\_\_\_  
\_\_ *(Verification of all contact hours must be attached. You may use your instructor recertification contact hours)*

7. Have you ever been arrested for any reason, or have you ever had criminal charges filed against you? Yes ☐  
No ☐

IF YES, PLEASE COMPLETE THE FOLLOWING:

Arrest Locations	Month/Year	Charges(s)	Disposition of Charge

8. Are there any proceedings currently pending against you relative to any crimes, misdemeanors or violations?  
Yes ☐ No ☐ If yes, please provide details: \_\_\_\_\_

9. Attach a certified copy of your 3-year Motor Vehicle Report (MVR).

### **DIRECTOR'S STATEMENT**

This is to certify that I am applying for director recertification with the DUI, Alcohol or Drug Use Risk Reduction Program. All information on this application and the attached documents is true and correct. I understand that I am responsible for complying with all rules and regulations and all director requirements. I authorize the investigation of all statements contained in this application as may be necessary for a decision regarding my eligibility for director recertification.

I, nor my spouse or dependent child (including stepchild), is an employee of the Department of Driver Services.

I nor my spouse, dependent child (including stepchild), is a judge, public or private probation officer or employee, law enforcement, peace officer or employee of a court in this State.

I further understand and agree to comply with the following rules:

I will maintain the confidentiality of all Program records including, but not limited to assessment results and other components attended. Records shall be confidential and shall not be released without the written consent of the student, except that such records shall be made available to the Department of Driver Services.

To knowingly make a false statement or conceal a material fact in this application will result in the cancellation of your certification.

\_\_\_\_\_  
Signature Date

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary (seal required)

Georgia Department of Driver Services  
2206 East View Parkway, P.O. Box 80447, Conyers, GA 30013

OFFICE USE ONLY FILE NUMBER:	OFFICE USE ONLY DATE APPLICATION RECEIVED:	OFFICE USE ONLY BACKGROUND <input type="checkbox"/> DRIVER'S HIST P F <input type="checkbox"/> CRIMINAL HIST P F	OFFICE USE ONLY
OFFICE USE ONLY			

<b>CONSENT FOR BACKGROUND INVESTIGATION</b>			
Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY) / /
Driver's License Number (Include ALL zeros)	Issue date (Exam date)	State	Social Security Number
Current Street Address		City and State	Zip Code
Do you hold any other driver's license(s)? Yes No	If so, list state(s) and license number(s)		Phone Number
Company			Phone Number
Address		City and State	Zip Code
Have you been convicted of, plead guilty to, plead nolo contendere to, served time, or been on probation or parole for any crime whether felony or misdemeanor, in this state, in any other state, or in the federal system? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a charge(s) or court hearing pending, or are you under indictment or accusation for any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you are now charged, under indictment, or have court hearings pending for any charges, give details below:			

**I hereby apply for a Certificate (to operate a Commercial Truck Driving School and/or Driver Improvement School and/or Risk Reduction Program and/or to become an Instructor) to be issued by the Department of Driver Services (DDS). I understand that my criminal history and driver's history will be checked, and hereby give consent for the DDS to conduct whatever investigations necessary to determine my eligibility to hold such a certificate. I understand that false, misleading, or incomplete information in my application or on this Consent Form may result in certificate denial, cancellation, suspension, or revocation, as well as possible criminal prosecution and civil action. Under penalty for perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.**

Signature	Date
<b>THIS CONSENT FORM MUST BE NOTARIZED</b>	
Subscribed to and sworn before me:	SEAL OR STAMP

Notary Signature	Date
My commission expires:	
Regulatory Compliance Division	

**EXHIBIT #25**

**STATE OF GEORGIA  
DEPARTMENT OF DRIVER SERVICES**

**REGULATORY COMPLIANCE DIVISION  
2206 EAST VIEW PARKWAY – P.O. BOX 80447  
CONYERS, GA 30013**

Date Issued \_\_\_\_\_

Date Expires \_\_\_\_\_

**APPLICATION FOR RISK REDUCTION INSTRUCTOR RECERTIFICATION**

1. Name: \_\_\_\_\_  
*(Last, first, middle)*
2. Resident Address: \_\_\_\_\_  
Mailing Address *(if different)*: \_\_\_\_\_
3. Telephone Number: \_\_\_\_\_  
*Home Business*
4. Occupation: \_\_\_\_\_  
*(Employed by, position, dates of employment)*
5. In order to be recertified, an instructor must have instructed at least 12 classes in the initial four-year certification and at least 8 classes in every four-year recertification period thereafter.

<b><u>PROGRAM NAME</u></b>	<b><u>ID NUMBER</u></b>	<b><u>DATES CLASSES TAUGHT</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach additional sheet

6. How many contact hours of DDS approved alcohol/drug or group facilitation courses have you accrued in the past 4-years? \_\_\_\_\_
7. Have you ever been arrested for any reason, or have you ever had criminal charges filed against you?  
Yes ☐ No ☐

IF YES, PLEASE COMPLETE THE FOLLOWING:

Arrest Location(s)	Month/Year	Charge(s)	Disposition of Charge

8. Are there any proceedings currently pending against you relative to any crimes, misdemeanors or violations?  
Yes ☐ No ☐ If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

9. Attach a certified copy of your 3-year Motor Vehicle Report (MVR).

### **INSTRUCTOR'S STATEMENT**

This is to certify that I am applying for instructor recertification with the DUI, Alcohol or Drug Use Risk Reduction Program. All information on this application and the attached documents is true and correct. I understand that I am responsible for complying with all rules and regulations and all instructor requirements. I authorize the investigation of all statements contained in this application as may be necessary for a decision regarding my eligibility for instructor recertification.

I further understand and agree to comply with the following rules:

I will maintain the confidentiality of all Program records including, but not limited to assessment results and other components attended. Records shall be confidential and shall not be release without the written consent of the student, except that such records shall be made available to the Department of Driver Services

TO KNOWINGLY MAKE A FALSE STATEMENT OR CONCEAL A MATERIAL FACT IN THIS APPLICATION WILL RESULT IN THE CANCELLATION OF YOUR CERTIFICATION.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary

\_\_\_\_\_  
(Seal Required)

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Regulatory Compliance Division